100TH CONGRESS
2d Session

SENATE

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Volume 2

DEVELOPMENTS IN AGING: 1987
VOLUME 2—APPENDIXES

A REPORT

OF THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

PURSUANT TO

S. RES. 80, SEC. 19, JANUARY 28, 1987

Resolution Authorizing a Study of the Problems
of the Aged and Aging

FEBRUARY 29, 1988.—Ordered to be printed

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LETTER OF TRANSMITTAL

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, DC, February 29, 1988.

Hon. GEORGE BUSH,
President, U.S. Senate,
Washington, DC.

DEAR MR. PRESIDENT: Under authority of Senate Resolution 80, agreed to January 28, 1987, I am submitting to you the annual report of the U.S. Senate Special Committee on Aging, Developments in Aging: 1987, volume 2.

Senate Resolution 4, the Committee Systems Reorganization Amendments of 1977, authorizes the Special Committee on Aging "to conduct a continuing study of any and all matters pertaining to problems and opportunities of older people, including, but not limited to, problems and opportunities of maintaining health, of assuring adequate income, of finding employment, of engaging in productive and rewarding activity, of securing proper housing and, when necessary, of obtaining care and assistance." Senate Resolution 4 also requires that the results of these studies and recommendations be reported to the Senate annually.

This report describes actions during 1987 by the Congress, the administration, and the U.S. Senate Special Committee on Aging which are significant to our Nation's older citizens. It also summarizes and analyzes the Federal policies and programs that are of the most continuing importance for older persons, their families, and for those who hope to become older Americans in the future.

On behalf of the members of the committee and its staff, I am pleased to transmit this report to you.

Sincerely,

JOHN MELCHER, *Chairman.*

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DEVELOPMENTS IN AGING: 1987

VOLUME 2—APPENDIXES

FEBRUARY 29, 1988.—Ordered to be printed

Mr. MELCHER, from the Special Committee on Aging, submitted the following

REPORT

APPENDIXES

APPENDIX 1

ANNUAL REPORT OF THE FEDERAL COUNCIL ON THE AGING

DECEMBER 1, 1987.

DEAR MR. CHAIRMAN: On behalf of the Federal Council on the Aging, I am pleased to submit a preliminary summary of the 1987 annual report.

This document examines the history and present membership of the Council. It also highlights the various positions taken by the Council on a number of legislative and other issues concerning the well-being of the elderly. We are hopeful that the Council's view will be considered as the 100th Congress convenes for its second session.

We appreciate the continuing interest of the Special Committee on Aging and look forward to another year of cooperative efforts with committee members and staff toward our mutual goal of service to older Americans.

Sincerely,

INGRID C. AZVEDO, *Chairman.*

SUMMARY OF THE 1987 ANNUAL REPORT

1. INTRODUCTION

A. Background

The Federal Council on the Aging (FCA) is the functional successor to the earlier and small Advisory Council on Older Americans, which was created by the 1965 Older Americans Act. In 1973, when the FCA was created, Congress was concerned about Federal responsibility for the interests of older Americans, and the breadth of vision that such responsibility would reflect. Having decided to ungrade the existing advisory committee, Congress patterned the legislative language authorizing the FCA after the charter of the U.S. Commission on Civil Rights.

The FCA is authorized by Section 204 of the Older Americans Act, as amended. The Council is composed of 15 members appointed by the President and the Congress. Council members, who are appointed for 3-year terms, represent a cross-section of rural and urban older Americans, national organizations with an interest in aging, business and labor, and the general public. According to statute, at least 5 members must themselves be older individuals (9 under the 1987 Reauthorization of the OAA).

The President selects the Chairperson of the Council from the appointed members. The FCA is mandated to meet at least quarterly, and at the call of the Chairperson.

Functions of the Council include:

—Continually reviewing and evaluating Federal policies and programs affecting the aging for the purpose of appraising their value and their impact on the lives of older Americans;

—Serving as spokesperson on behalf of older Americans by making recommendations about Federal policies regarding the aging and federally conducted or assisted programs and other activities relating to or affecting them;

—Informing the public about the problems and needs of the aging by collecting and disseminating information, conducting or commissioning studies and publishing their results, and by issuing reports; and

—Providing public forums for discussing and publicizing the problems and needs of the aging and obtaining information relating to those needs by holding public hearings and by conducting or sponsoring conferences, workshops, and other such meetings.

The Council is required by law to prepare an annual report for the President by March 31 of the ensuing year. Copies are distributed to Members of Congress, governmental and private agencies, institutions of higher education and individual citizens interested in FCA activities.

Funds appropriated for the Council are a line item in the overall appropriation of the Department of Health and Human Services (DHHS). These funds are used to underwrite meetings of the Council, to support staff, and publish information tracts authorized by the Council.

The results of its public meetings and activities concerning issues and policies affecting older Americans are shared with the President, Congress, the Secretary of DHHS, the Assistant Secretary for Human Development Services (HDS), the Commissioner of the Administration on Aging (AoA), and others interested in the well-being of older Americans.

B. Members of the Federal Council on the Aging

Ingrid C. Azvedo, Chairman of the Federal Council on the Aging, Elk Grove, CA.
Oscar P. Bobbit, Executive Director, Texas Department of Aging, Austin, TX.
Virgil S. Boucher, RSVP, Peoria, IL.
Mary S. Burdge, Retired Special Reading Teacher, Spokane, WA. (Eff. 7/09/87)
Newton Dodson, Community Health Center, Clarksdale, MS. (Eff. 8/07/87)
Kathryn Dusenberry, Business Executive and Former Member of Pima County Board of Supervisors, Tucson, AZ.
D. Antonio Guglielmo, Owner & Manager, Penny-Henley and Howley Insurance Company, Stafford Springs, CT. (Exp. 12/31/86)
Jon B. Hunter, Director, Region VI Area Agency on Aging, Fairmont, W. VA.
Frances S. "Peg" Lamont, State Senator, Aberdeen, S.D.
Tessa Macaulay, Consumer Affairs, Florida Power & Light Company, Miami, FL.
Mary E. Majors, Private Citizen and Volunteer Programs, Cedar Falls, Iowa
Russell C. Mills, Ph.D., Long Term Care Gerontology Center, Mission Hills, KS.
Josephine K. Oblinger, State Representative, Governor's Office, Springfield, IL.
Edna "Bonny" Russell, Ed.D., Retired Director, Education & Training, San Jose State University, Atherton, CA.
Albert Lee Smith, Jr., Positive Maturity-Retired Senior Volunteer Program, Birmingham, AL.
Nelda L. Barton, President and Chairman of the Board, Health Systems Inc., Corbin, KY. (Exp. 7/87)
Edna Bogosian, Principal Insurance Examiner, Division of Banking & Insurance, Commonwealth of Massachusetts, Boston, MA. (Exp. 8/87)

C. Fiscal Year 1987 Meeting Dates

The Council met four times during the year, as required by the Older Americans Act. The meeting dates were November 19 and 20, 1986, February 18 and 19, May 12 and 13, and August 12 and 13. Three of the meetings were held in Washington, D.C. The May meeting was held in Pierre, S.D., and the Eagle Butte Indian Reservation, S.D., as a part of the Council's study of Methods and Practices for Serving Rural and Native Americans.

All FCA meetings were announced in the Federal Register and notices of the meetings sent to representatives of national organizations, staff of various Federal agencies, and to congressional Members and committees interested in or responsible for aging. Minutes are distributed to individuals who attended the meetings and to any interested parties who request them. Publications and documents pertinent to official actions are maintained in the Office of the Council and are available to the general public. The FCA mailing address is: Room 4545, Wilbur J. Cohen North Building, 330 Independence Avenue, S.W., Washington, D.C. 20201.

D. Council Meetings Scheduled for Fiscal Year 1988

In calendar year 1987, the Council will meet November 18 and 19. February 17-18, May 18-19, and August 17-18.

II. ACTION OF THE FEDERAL COUNCIL ON THE AGING DURING FISCAL YEAR 1987

A. Recommendations to the Congress for the 1987 Reauthorization of the Older Americans Act

This effort of the Council at large and the OAA Reauthorization Committee completed its final draft of its Recommendations at its November 1986 meeting. Copies were pritned and cleared by the membership on December 19, 1986.

The specific authorizing committees as well as the oversight committees of both Houses of Congress were given printed copies after the organization of the 100th Congress in late January and early February of 1987. Members testified before Congressional hearings regarding reauthorization, both in Washington and in the field. These recommendations were part of the FCoA 1986 Annual Report to the President. With the passage of S 887 and HR 1451 it was noted during the FCoA August meeting that a number of its recommendations had been incorporated in one or both of the reported legislation.

At the close of Fiscal Year 1987, the Conference Committee of the two Houses of Congress had not reported a conference bill to each House of Congress.

B. Housing

As a part of its February 18-19, 1987 quarterly meeting, the FCoA cosponsored with the Subcommittee on Housing and Consumer Interests of the House Select Committee on Aging, a forum to develop a better understanding of the roles that both public and private sectors can play in developing appropriate housing and living arrangements for the noninstitutionalized elderly.

Congressman Don Bonker of the Housing subcommittee and the FCoA Chairman Ingrid Azvedo introduced the panalists who included: Panel I—Housing Alternatives, Trends and Shifts in Elderly Living Arrangements; Michael Rodgers, Staff Director, Subcommittee on Housing and Consumer Affairs; Kelsey Marshall, Special Advisor for Disability Issues, DHUD; George Gaberlavage, Policy Analyst, AARP; Ed O'Donnell, Chief, Community Service and LTC Programs, Veterans Administration, and Glen Olels, Vice President, Cardinal Industries, Stanford, FL. Panel II—Future Housing Trends and Private Sector Initiatives; Kelsey Marshall, Special Advisor for Disability Issues, DHUD; Rene A. Henry, Jr., President, National Institute of Building Sciences; Ken Geremia, Director of Public Affairs, National Association of Home Builders Research Foundation, Upper Marlboro, MD. A committee print of this Forum is expected to be available before the end of calendar year 1987.

C. Health

By mid Fiscal Year 1987 the FCoA Staff Report, *Health Care Study for Older Americans,* had been printed by GPO and distributed to the Congress, the Aging network and selected groups within the aging field. Notification that it was available was sent to selected journals and periodicals. This notification has resulted in a steady request for copies. The initial printing of 2,000 copies is expected to be depleted by early calendar 1988.

The Council continued to monitor the development of Long Term Care Insurance by the private sector insurance industry. As the interest of Congress appears to be in the area of Catastrophic illness and legislation addressing this health care issue, the prospects for a legislative answer to Long Term Care appears to be unattainable until the second session of the 100th Congress.

As in the past 3 years, FCoA will continue to monitor these developments and make recommendations as policies are formed that address the Nation's most serious health issue.

During its August meeting the FCoA Health Committee was instructed by the members to work with staff and develop plans for a forum, to be held during the November 1987 meeting that would address the *"Impact of the Aids Problem on the Elderly."*

D. FCoA Members Meet with Members of Congress Involved in Aging Legislation

So that the FCoA might have a closer working relationship with the legislative branch of government who since the OAA amendments of 1984 selects two-thirds of its membership, will meet in open session with key legislators and or their staffs in Room H 128 of the Capitol during a morning session of its November 1987 quarterly meeting. In the two and one-half hour allotted time, FCoA expect to discuss a wide variety of aging issues with those Senators and Congressmen involved with legislation directly effecting older Americans.

This will be the second such meeting as FCoA members have instructed staff to arrange at least one such meeting each year if scheduling permits.

E. FCoA Forums in South Dakota to Review Methods and Practices for Serving Rural and Native Americans

The Federal Council on the Aging; during its February 1987 meeting, approved a recommendation to hold its May meeting in Pierre, South Dakota with the agenda theme being Methods and Practices for Serving Rural and Native Americans.

Because the testimony, experiences and activities, the FCoA members encountered were so meaningful and productive it was decided to have staff make a compilation of all pertinent data pertaining to the May meetings. Two hundred copies of the resultant print were made and are being distributed to key policy makers in the public and private sectors involved with rural and native American affairs.

Those presenting written and oral testimony before the FCoA included State Directors of Aging Programs: Robert Ward of Utah, Dorothy Percy of Colorado (Speaking for William Hanna), Michael Vogel of South Dakota, Robert Bartholomew of Montana, Shelly Warner of North Dakota (Speaking for Larry Brewster), and Scott Sessions of Wyoming. Presenters were: Dean Krohelec of the Bureau of Indian Affairs Office, Aberdeen; Dr. Terrance W. Sloan M.D. of the Aberdeen Area Health Service, Aberdeen, S.D.; Barbara Froke, Program Leader, Home Economics & 4-H, S.D. Cooperation Extension Service, State University; JoAnne Oaks, Executive Director of the S.D. Assoc. of Senior Centers, Pierre, S.D.; Joan Pennington, Spink Co. Senior Citizen Director: Jackie Bjorke, Executive Director, Huron Area Senior Center, Inc.; Vernon Ashley, Foster Grandparent Program, S.D.; John Pohlman, State Program Specialist of ACTION, North Dakota-South Dakota State Offices; Jerry Eisenbraum, Director, OAA Title V, Green Thumb Program for N.D.-S.D.; from the Cheyenne River Sioux Nation—Iyonne Garreau, Chairperson, Sheryl Scott, Exec. Proj. Dir., Sioux Nation Comm. on Aging; and Elaine Quiver, Grey Eagle Society, Foster Grandparent Program, Pine Ridge, S.D.

F. Community Service Cooperation—A Mandate of the Older Americans Act

During its November 1986 meeting the FCoA agreed to hold a symposium during its August 1987 meeting on the subject, *Community Service Cooperation—A Mandate of the Older Americans Act.* The term community service appears often in Titles I, II & III of the Older Americans Act. So as to probe the methods and extent of how this most important aspect of the Older Americans Act is carried out in different settings and under varied constraints a number of presenters were invited to address the issue and them be questioned by members of the FCoA. Presentations included: *Community Service Cooperation* by Robert H. Binstock, Ph.D., Henry R. Luce Professor, School of Medicine, Department of Epidemiology & Biostatistics, Case Western Reserve University, Cleveland, Ohio; *Community Service Cooperation An Urban Approach* by Ms. Roberta Spohn, Deputy Commissioner, New York City Department on Aging; *Community Service Cooperation An Rural Approach* by Ms. Irene Hart, Director of the Central Plains Area Agency on Aging, Wichita, KS.; and

Congressional Intent of Community Service Language in Titles I & III of the Older Americans Act by Brian Lindburg, Congressman Mario Biaggi Office, (represented Robert Blancato, Administrative Assistant).

G. 1991 White House Conference on Aging Initiative

Beginning with a detailed observation to the President in its 1986 Annual Report, the FCoA has been concerned with the development of an orderly, relevant and economically reasonable scenario for the 1991 White House Conference on the Aging.

To further address this concern, the FCoA during its August 1987 meeting resolved that an initiative for the coming fiscal year 1988 should be the development by FCoA of an organized plan for such conference be formulated and presented to the President, the Secretary of HHS and the Congress. To do this it was agreed that staff would be assisted by a contractor. Details of obtaining such a contractor were to be worked out with HHS officials and paid for with 1987 and/or 1988 FCoA funds.

This initiative is underway and will be carried out during fiscal year 1988.

III. FUTURE DEVELOPMENTS

A. Health Caregivers Committee

The planned initiative of the FCoA concerning the *Impact of the Aids Problem on the Elderly* may result in a distributed print of the Forum proceedings to be held in November 1987.

Another initiative in the area of elderly health promotion and health maintainence may develop from joint efforts with the President's Council on Physical Fitness.

B. Housing Committee

The noninstitutionalized elderly continue to be most interested in maintaining themselves in their own homes, be they single family houses or owned apartments or condominiums. Life care and retirement communities are not as yet a burgeoning choice for the well elderly but these housing options will continue to be monitored by the housing committee.

C. Minorities Committee

The administration of Federal programs affecting native Americans will continue to be of prime concern for the Minorities Committee. There remains follow up work resulting from the FCoA meeting with native Americans in South Dakota during its May 1987 meeting. These involve not only the Indian Health Service but HCFA, and the National Institute on the Aging. These efforts are being assisted by the minority affairs section of AARP.

The effective targeting of Federal funds to those intra-minority groups such as single, divorced or widowed elderly black and hispanic women may be an area of study during fiscal year 1988.

D. 1991 White House Conference on Aging Committee

The successful production of the FCoA initiative for 1991 conference scenario will be a key effort for this Committee and the Council.

E. Guardianship Committee

This newly created committee was established out of a concern for the burgeoning numbers of guardianship cases appearing in the courts as well as the wide variance of State law regarding procedures in this particular issue. Property and estate management, conservatorship and other various instruments as well as the establishment of responsible parties and bodies acting as surrogate decision makers pose a fertile field of action during the coming year for this committee.

F. Aging America: Trends and Projections, 1987–88 Edition

In a repeat of the 1985–86 cooperative effort with the Senate Special Committee on Aging, Administration on Aging, and AARP, the FCoA is again helping to develop, fund and distribute this important demographic report. The plan is to print 25,000 copies of this latest edition, an increase of 10,000 copies over the last one.

The overwhelming response in the past, to offerings of this informative demographic guide in all sectors of the U.S. economy, public and private, has been remarkable. FCoA is proud to be a part of this effort.

APPENDIX 2

REPORTS FROM FEDERAL DEPARTMENTS AND AGENCIES

ITEM 1. DEPARTMENT OF AGRICULTURE

DECEMBER 22, 1987.

DEAR SENATOR MELCHER: I am pleased to forward the annual reports of the U.S. Department of Agriculture (USDA) agencies detailing their programs and activities which substantively impact upon older Americans.

Enclosed are reports from the following USDA agencies:

1. Agricultural Research Service
2. Economic Research Service
3. Extension Service and State Cooperative Extension Service
4. Food Safety and Inspection Service
5. Food and Nutrition Service
6. Forest Service
7. Human Nutrition Information Service

We are pleased to add the Human Nutrition Information Service to the list of our agencies providing services/information specifically for older Americans. Although all USDA agencies do not have programs or activities which are specifically focused on the target clientele, they are required to provide effective service delivery to older Americans needs.

As in previous years, you will be pleased to note that USDA continues to operate a large number of programs and activities which are designed to improve the quality of life for this most important group of citizens.

Sincerely,

JOHN J. FRANKE, Jr.,
Assistant Secretary for Administration.

Enclosure.

AGRICULTURAL RESEARCH SERVICE

RESEARCH RELATED TO THE ELDERLY

Studies are conducted at the USDA Human Nutrition Research Center on Aging (HNRCA) at Tufts University, Boston, MA, which address the following problems of the aging:

1. What are nutrient requirements to insure optimal function and well being for an aging population.
2. To what extent can proper nutrition prevent or slow the progressive loss of tissue function with aging?
3. What, if any, is the role of nutrition in the genesis of major degenerative conditions associated with the aging process?

In addition, studies are performed at the Beltsville Human Nutrition Research Center (BHNRC), the Grand Forks Human Nutrition Research Center (GFHNRC), and the Western Human Nutrition Research Center (WHNRC) on the role of nutrition in the maintenance of health and prevention of age-related conditions, including cancer, coronary heart disease, hypertension and diabetes. A list of Agricultural Research Service projects related to nutrition and the elderly is attached.

Investigator	Institution	Title of Project	Project Period	Funding Level FY 1987
o Ernst Schaefer	HNRCA	Lipoproteins, Nutrition & Aging	01/10/84-30/09/88	$1,030,688

Abstract: Studies are directed to the effect of fatty acids and other dietary factors on lipid metabolism as related to aging. A specific Apo A-1 gene polymorphism has been found in 4% of normals, 32% of coronary artery disease patients and 66% of patients with genetic HDL cholesterol deficiency.

o Peter Libby	HNRCA	Nutrition, Aging & Cardiovascular Metabolism & Function	01/10/84-30/09/87	$ 321,948

Abstract: This project is directed at interactions of cardiovascular cells with nutrients and factors influenced by diet. Human vascular endothelial cells express genes for platelet-derived growth factor in a regulated manner, while genes for the immunoregulatory and inflammatory mediator Interleukin-1 are expressed in an inducible manner.

o Bess Dawson-Hughes	HNRCA	Role of Nutritional Factors in Preventing Age-Related Loss of Bone Density	01/10/83-30/09/88	$1,666,284

Abstract: A placebo-controlled, double-blind calcium supplement field trial is underway, in which 360 healthy postmenopausal women will be studied for 5 years to determine the level of dietary calcium required to minimize bone loss and maintain normal blood pressure over a long period. Fractional net calcium absorption increases in elderly women when the level of calcium intake is decreased.

o A. Taylor	HNRCA	Effects of Nutrition & Aging on Eye Lens Proteins & Protease	01/10/84-30/09/89	$ 610,283

Abstract: Antioxidants (vitamin C) have been found to reduce the oxidation of lens proteins in the eye associated with their aggregation and eventual precipitation from the lens in the form of eye lens cataracts. Moreover, guinea pigs fed high vitamin C containing diets had higher levels of vitamin C in their lens and were more resistant to photoirradiation damage.

o S. Hartz	HNRCA	Nutrition Epidemiology & Aging	01/10/84-30/09/88	$1,319,503

Abstract: Epidemiological studies are designed to identify the determinants of nutritional status in the elderly and to relate nutritional status to health and well-being. A nutritional status survey involving 1,016 free living and institutionalized subjects has been completed. Nutritional supplements were being used by 45% of the males and 55% of the females. Considering nutrients from diet alone, more than 15% of the subjects between 60 and 98 years of age have intakes less than 2/3 the RDA for vitamins A, D, B-6, B-12, folacin, calcium, and zinc.

o R. Russell, J. Sadowski — HNRCA — Micro-Nutrient Requirements of the Elderly — 01/12/84-30/09/88 — $965,144

Abstract: Studies are being done on the dietary requirements of the elderly for vitamin D and K. Aging has been found to decrease the capacity of human skin to produce vitamin D-3 from its precursor, cholesterol. In Boston, exposure to sunlight during November through March does not result in the cutaneous production of vitamin D-3, while exposure during the remaining months does. Elevated levels of abnormal prothrombin indicates that vitamin K status may be inadequate in a significant number of the elderly.

o R. Russell — HNRCA — Macro-Nutrient Requirements of the Elderly — 01/12/84-30/09/88 — $ 568,233

Abstract: Atrophic gastritis occurs in 20% or more of the elderly. This results in reduced absorption in the stomach, increase in pH of the upper small intestine and microbiological overgrowth.

o R. Russell — HNRCA — Bioavailability of Nutrients in the Elderly — 01/06/85-30/09/88 — $1,656,758

Abstract: Folate and vitamin B-12 absorption in the stomach is reduced in the elderly with atrophic gastritis, especially when anti-microbial agents are administered.

o W. Evans — HNRCA — Relationship Between Aging, Functional Capacity, Body Composition and Nutrient Needs — 01/10/84-30/09/88 — $1,412,274

Abstract: The broad objectives are to explore interactions among nutrition, exercise and aging and to try to understand how regular exercise activity affects energy expenditure, functional capacity and nutritional requirements in the elderly. Special focus is given to protein and calcium requirements of the elderly.

o B. Gilchrest — HNRCA — Nutrition and Aging in Skin Derived Cells — 01/10/84-30/09/88 — $ 377,972

Abstract: This involves the in vitro study of the effect of calcium, strontium, vitamins A, D, and carotenoids on growth of keratinocytes and fibroblasts and on the differentiation of keratinocytes. It has been found that calcium stimulates growth of fibroblasts and this effect is age dependent. Myo-inositol has been found to stimulate growth of keratinocytes. Beta carotene has been found to protect keratinocytes against damage from ultraviolet irridation.

o J. Blumberg	HNRCA	Role of Nutrition and Free Radical Reactions in Age and Drug-Associated Changes	01/10/84-30/09/88	$1,031,499

Abstract: The research goals of this project are to understand the role of nutrients and xenobiotics on free radical formation, metabolism and membrane peroxidation as related to aging.

o J. Blumberg	HNRCA	Nutrition, Aging, and Immune Response	01/10/86-30/09/88	$ 261,435

Abstract: This project focuses on the effects of specific nutrients (vitamin A, C, E, selenium, iron and dietary fat) on immune response in animals and man. Preliminary data show that pharmacologic doses of vitamin E in the diet of aged mice enhance skin reactivity to various antigens.

o P. P. Nair	BHNRC	Dietary Fat & Steroid Metabolism in Relation to Cancer Risk in Healthy Adults	23/07/84-30/09/89	$ 478,350
o P. P. Nair	BHNRC	Relation Between Nutrition, Aging & Mutagenicity	26/09/85-30/09/87	0
o P. P. Nair	BHNRC	Relationship to Cancer Risk in Healthy Adults of Dietary Fat & Steroid Metabolism	01/10/85-18/09/88	0

Abstract: This involves research on dietary lipids and their influence on human health, especially as related to the prevention of cancer, and the role of nutrition in delaying the process of aging with special reference to the susceptibility of carcinogenesis. Also, the relationship of dietary fat and other nutrients to age-related disorders as reflected by changes in sterol and bile acid metabolism, fecal mutagenesis and glutathione sulfatransferase.

o O. A. Levander	BHNRC	Role of Selenium and Vitamin E in Human Nutrition	26/04/82-26/04/87	$ 241,051
o O. A. Levander	BHNRC	A Further Epidemiological Survey of Human Selenium Toxicity in a Seleniferous Area in China	01/10/85-31/03/87	0

Abstract: These include studies on the functions and biomedical mode of action of selenium and vitamin E and their interrelationships. Studies on bioavailability of food sources, physiological needs under varying conditions, and methods of assessing nutritional status are involved.

- S. J. Bhathena   BHNRC   Dietary Regulation of Receptors of Hormones Involved in Carbohydrate and Lipid Metabolism   31/08/83-31/08/88 $ 213,654

Abstract: Studies on the effects of dietary carbohydrates on tissue receptors of hormones such as insulin are performed in experimental animals and humans. The role of opiates as related to appetite in obesity will be investigated.

- K. M. Behall   BHNRC   Effect of Refined Carbohydrates or Fibers on Metabolic Responses and Nutrient Utilization   30/04/85-30/04/90 $ 139,527

Abstract: Studies are done on the effects of chemically-defined dietary fiber on metabolic and physiological processes associated with heart disease, diabetes, bowl function and mineral balance in humans. These studies include interactions between oral contraceptives and dietary carbohydrates.

- S. Reiser   BHNRC   Effect of Dietary Fructose on Lipogenesis, Glucosetolerance & the Bioavailability of Trace Minerals   01/10/85-30/09/90 $ 380,651

Abstract: This involves studies of the effects of different dietary carbohydrates on metabolic risk factors associated with diseases, including diabetes and coronary heart disease, in experimental animals and humans. This includes metabolic characterization of carbohydrate sensitive persons and interactions between carbohydrates and other nutrients.

- O. E. Michaelis   BHNRC   Carbohydrate & Age Effects on Glucose Tolerance & Lipogenesis in Carbohydrate-Sensitive Models   01/04/86-31/03/89 $ 119,586

Abstract: The effects of feeding various carbohydrates to experimental animals with specific genetic predisposition toward obesity, hypertension, glucose intolerance and how genetics interacts to produce metabolic defects are under study.

- D. L. Trout   BHNRC   Effects of Diet & Eating Patterns on Gastric Emptying, Rate-Controlling Step for Absorption   01/04/86-31/09/89 $ 172,895

Abstract: Studies are directed to determine the gastrointestinal responses to dietary carbohydrates, including the effects of carbohydrates on gastric emptying, digestion, absorption, and secretion of gastrointestinal hormones.

- F. Lazicki BHNRC Longitudinal Studies of the Relationship Between Diet & the Development of Osteoporosis in Adult Women 27/09/82-27/09/87 $ 181,170

Abstract: This work includes the assessment of bone status, whole body composition (calcium, phosphorus, nitrogen, sodium, chloride, potassium, and water) and balance in relation to self-selected dietary habits of premenopausal and menopausal women.

- R. A. Anderson BHNRC Bioavailability & Function of Chromium 15/02/85-15/02/90 $ 246,008

Abstract: Research is conducted on the effects of marginal or deficient intakes of chromium on carbohydrate metabolism and human performance. Adequate chromium intake is associated with a decrease in diabetes and cardiovascular disease.

- L. M. Klevay GFHNRC Cardiovascular Growth, Metabolism & Function: Effects of Copper, Trace Elements & Modifying Factors 03/03/86-02/03/91 $ 513,665

Abstract: This study is on the effects of copper deprivation on metabolic pathways and the cardiovascular system. Copper deficiency produces coronary heart disease in rats.

- T. R. Kramer GFHNRC Importance of Nutrition in Host-Defense System for Disease Resistance 01/03/86-29/02/91 $ 399,501

Abstract: The objectives of this project are to establish the effect of copper, iron, and zinc and their interaction on macrophage function morphology, the source of supressor macrophages, and degrees and mechanisms of supressor activity by macrophages on T-lymphocytes proliferation.

- G. J. Nelson WHNRC Requirements for Dietary Fats in Humans 01/03/85-30/09/89 $ 594,060

Abstract: The objectives of this project are to investigate the requirements for dietary lipids in humans and their effects on blood lipids, blood pressure, blood clotting and the maintenance of normal physiological processes.

HIGHLIGHTS OF RESEARCH FINDINGS RELATED TO NUTRITION AND PREVENTION OF DISORDERS ASSOCIATED WITH AGING

BORON NEEDED FOR MINERAL RETENTION

Studies with animals at the Grand Forks Human Nutrition Research Center have shown that the trace of mineral boron is involved in mineral metabolism and response to high dietary aluminum and low dietary magnesium. Bone calcification is affected. As a followup, a recent study was conducted in a metabolic unit with 13 postmenopausal women fed a low boron diet made from conventional foods, but low in fruits and vegetables. When boron was added to the diet after 119 days on the low-boron diet, the serum estradiol 17 beta concentration doubled and the loss of calcium, phosphorus, and magnesium in the urine decreased. The findings suggest that boron affects calcium, phosphorus, and magnesium excretion and that ample boron supplied by fruits and vegetables may help to reduce the risk of osteoporosis.

VITAMIN D MAY BE LOW IN THE ELDERLY

Studies at the USDA Human Nutrition Research Center for Aging indicate that a significant number of the elderly are not receiving adequate levels of vitamin D from dietary and solar sources. Aging appears to decrease the capacity of human skin to produce vitamin D-3. Studies reveal an inverse relationship between the concentrations of provitamin D-3 in the epidermis with age, indicating that aging decreases the capacity of human skin to produce vitamin D. Exposure to sunlight only during the months of March through October in Boston resulted in conversion of provitamin D-3 to previtamin D-3, with none occurring during the period from November to March. Deficiency of vitamin D leads to loss of calcium from the bones and may result in osteoporosis and bone fractures. In a recent study, 40 percent of patients entering a Boston hospital had little or no vitamin D in their blood. Decreased milk consumption is the major cause of age-related vitamin D deficiency, followed by reduced exposure to the sun.

VITAMIN B-12 REQUIREMENTS

Studies on the bioavailability of vitamin B-12 were done at the USDA Human Nutrition Research Cneter on Aging at Tufts University, Boston, in humans with mild atropic gastritis, a commonly observed condition among the elderly. Radiolabeled crystalline vitamin B-12 was found to be absorbed equally well (20%) in normal controls and subjects with atropic gastritis. Protein-bound vitamin B-12 absorption was 10-15 times less bioavailable than crystalline vitamin B-12 in both control and persons with atropic gastritis. However, subjects with mild atropic gastritis absorbed significantly less of vitamin B-12 bound to chicken serum protein than did controls. This uptake of protein bound vitamin B-12 in subjects with atropic gastritis was improved comparable to that of normal controls after tetracycline therapy for 10 days. The antibiotic had no effect on absorption of protein bound vitamin B-12 in controls. It appeared that the small amount of vitamin B-12 released from chicken serum protein was metabolized by intestinal bacteria in individuals with mild gastric atrophy.

EFFECTS OF DIETARY FAT INTAKE

Several recent studies have shown that diets low in total fat and saturated fat and high in dietary fiber result in lower levels of serum cholesterol and other serum lipids, risk factors associated with coronary heart disease. Blood pressure was also reduced when dietary fat level was lowered and the ratio of the polyunsaturated to saturated fatty acids increased. Lean meat trimmed of separable fat and fat-free milk did not increase serum cholesterol levels when included in low-fat diets.

CALCIUM LOSS FROM BONES

Investigators at the USDA Human Nutrition Research Center at Tufts University, using dual photon absorptiometry have measured bone density of the spine in 76 healthy postmenopausal women at 7 month intervals. Women with calcium intakes less than 405 milligrams daily lost spine density at a significantly greater rate than did women with calcium intakes over 777 milligrams per day. There appears to be a threshold of calcium below which increased calcium intake is likely to be beneficial in reducing spine mineral loss. To define the relationship between calcium intake and rate of axial bone loss, a longitudinal intervention study involving 360 postmenopausal women has been initiated. In this study, 500 milligrams of supplemental calcium is being administered in two forms over a 5-year period. Physical activity, blood pressure, bone density, spine fractures and other aspects of calcium metabolism will be measured.

GENETIC MARKER FOR IDENTIFYING INDIVIDUALS WITH GREATER RISK OF CORONARY ARTERY DISEASE (CAD)

Scientists at the USDA Human Nutrition Research Center on Aging, Boston, Massachusetts, have discovered a specific Apo A-I gene polymorphism associated with a high density lipoprotein (HDL) deficiency, a condition commonly observed in individuals with Coronary Artery Disease (CAD). Apo A-I is the major protein in HDL. This gene defect was found in only 4 percent of normals, 32 percent of CAD patients and 66 percent of individuals with genetic HDL deficiency. This finding is important as the genetic marker may be useful in identifying subjects at increased risk for CAD and recommending appropriate risk factor modifications.

DIET AND CANCER RISK

A quantitative measure of fecal mutagenicity in biological extracts has been developed and successfully tested. This is a rapid and reliable marker to estimate risk for bowel cancer. The test has been applied successfully to stools from human subjects on a variety of diets. The results may help to reduce cancer risk by dietary means. Also, a procedure for the isolation of genomic high molecular weight DNA from human stools was developed; this *is a research breakthough* which has many potential uses in research on gene expression in human epithelium.

VITAMIN C DELAYS CATARACT FORMATION

Eye lens opacification and cataract formation upon aging appears to be related to an inability to remove damaged proteins. Proteolysis by action of proteases provides a means of editing the cellular proteins and recycling amino acids of disposable proteins. Solar light (UVH and B) inactivate certain proteolytic enzymes and cause lens protein aggregation similar to that which occurs in cataracts. Elevated dietary ascorbic acid (vitamin C) was found to result in elevated lens ascorbate in guinea pigs and an enhanced ability to withstand UV-induced damage to lens protein and enzymes. This implies that attenuation of the protein catabolizing machinery may be casually related to the accumulation of damaged proteins which is associated with cataract formation and that dietary antioxidants may offer protection against these insults.

INTERACTIONS OF DIETARY FIBER WITH FOOD NUTRIENTS

Calcium pectate gels, under physiological conditions, bind bile acids similar to carrot residue cell wall material. Thus, pectin in both natural and processed forms can lower blood cholesterol. Pectin also was found to inhibit the precipitation of calcium phytate, promoting mineral bioavailability. Pectin inhibits the formation of fatty acid calcium salts as well. Pectin also increased the viscosity of the contents of the intestinal tract which may partially explain the reduced rate of stomach emptying, digestion and absorption. Other studies have been conducted with cellulose, hemicellulose and fiber from fruits and vegetables.

ECONOMIC RESEARCH SERVICE

ACTIVE RESEARCH PROJECTS

A. Nina Glasgow.
B. Economic Research Service, U.S. Department of Agriculture.
C. Economic and Demographic Characteristics of the Nonmetro Older Population.
D. 9-month project period.
E. Fiscal year 1987 funding level was approximately $28,000.
F. The nonmetro elderly are economically disadvantaged compared to their metro counterparts. The nonmetro elderly's poverty rate was 21 percent in 1980 versus 13 percent for metro elderly. Lower personal incomes of the nonmetro aged are explained more by this population's low education and other disadvantaging personal characteristics than by place of residence.

The Economic Research Service is starting new research that will examine the economic development consequences and fiscal response of local governments to retirement inmigration in nonmetro counties. Nonmetro retirement counties will be compared with counties that are high proportion elderly to examine the significance of older populations in local expenditures and development strategies.

EXTENSION SERVICE AND STATE COOPERATIVE EXTENSION SERVICE

State Plan of Work and Evaluation Plan—Alabama—093086

AL38—FAMILY STRENGTHS—ALABAMA

Situation

Alabama families must adapt and cope with the cumulative effects of changes: the divorce rate is above the national average; unemployment rates are among the highest in the country; reported cases of child abuse have increased fourfold; more women are entering the work force; the median age is rising. All of these factors add stress to family life, thus creating a great need for programs to build family strengths.

Objectives

Extension Family Life programs will address and strengthen phases of the individual and family life cycle. Annual results include the following: 1) 2,500 elderly will attend programs dealing with retirement and aging; 50% of those will develop a more positive attitude toward retirement; 2) 200 family members will gain knowledge in communication; 15% will report the communication skills have improved; 3) 800 adults will attend programs in stress management; 20% will adopt behaviors to lessen stress; 4) 250 families will attend parenting classes; 15% will report improvement in parenting skills. Some of these families will be identified as abusive/neglectful; 5) 100 volunteers will be trained to teach skills in family life to 500 people in the counties; 6) 200 adults will attend programs on social and personal adjustments on an individual level; 50% will report positive attitude changes in self-esteem; 7) A multidisciplinary approach will include other program areas as well as family life.

Plan of action

Traditional and innovative methods will be implemented. School Days/College Days programs for the elderly will continue; county programs will teach communication skills; reemphases will be put on stress management, incorporating stress on the Farm and Fitness 7; parenting classes for stepfamilies will be implemented across the state; a Master Volunteer Program will boost the self-esteem of those attending the program, the State Office will develop programs such as Trim and Slim, Master Money Manager, Fitness 7, and others.

Evaluation

A team approach will be utilized to develop an effective evaluation plan. The state specialist, state leader, district coordinators, and county agents will work together to devise effective evaluation strategies using the Bennett Model. Evaluation strategies will be integrated into packaged programs, such as Trim 'n Slim and Master Money Manager.

Contact

William H. Reid, Ph.D., Family Life Specialist, Duncan Hall, Auburn University, AL 36849; (205) 826-4913.

State Plan of Work and Evaluation Plan—Arkansas—092686

AR66—STRESS MANAGEMENT PROGRAM, ARKANSAS

Situation

Life changes such as aging, illness, death, divorce, and retirement, as well as societal change, place special physical and/or emotional demands on individuals and families. Research suggests that an accumulation of role changes and stressors have a profound impact upon the stability of the family unit and the well-being of its members. Many Arkansas families need to adopt coping strategies to manage stress effectively.

Objectives

For 3,460 persons to adopt at least one new stress management technique.

For 220 volunteer leaders to be trained in stress management.

For 220 volunteer leaders to train an average of 10 persons or a total of 2,200 by 1987.

Plan of action

Traditional methods such as mass media, correspondence courses, special interest meetings, and leader training will be used. Special emphasis will be placed on correspondence courses and life-style workshops. Program materials developed by specialists will support educational efforts to reach Extension homemakers clubs and leaders and certain target audiences such as farm families.

Evaluation

State program specialists will conduct evaluation studies to determine the impact of this program. Questionnaires will be developed to elicit information on program participants' adoption of recommended stress management strategies.

A sample of volunteer leaders will be surveyed to determine the number of persons trained.

Contact

Betty Jean Brannan, State Leader—Home Economics, P. O. Box 391, Little Rock, AR 72203; (501) 373-2671.

FOUR YEAR PROGRAM AND EVALUATION PLANS—ARIZONA—092786

AZ45—ARIZONA—AGING

Situation

In Arizona there is a growing older population. By the year 2000, nearly 25% of the population will be over 60. Among the population over 60, there is a growing number of persons, with a disproportionately large number of older women living many years longer than their deceased spouses. Many are a part of the vulnerable population of the chronically ill or "frail elderly population." Most Arizona elderly live in family settings with only about 5% over 65 living in long-term care facilities. As a result of the growing older population, family structures are changing. Three- and four-generation families are increasingly common. With an increasing older population, the relationship of children in their middle years are affected regarding the nature and stability of family support systems. Intergenerational concerns are, therefore, becoming increasingly important to families. These concerns involve all ages and the interaction of children to older adults, as well as relationships between older children and their parents.

Objectives/plan of action

In order to meet needs of the elderly and their families, cooperation will continue with the Long Term Care Gerontology Center at the University of Arizona to develop materials, train leaders, and hold conferences for families and professionals. Intergenerational programming will provide support for elderly and their families. Elderly participating in intergenerational programming will learn and share skills in working with children in child-care settings. Children of older parents, participating in programs, will improve their decision-making and gain greater knowledge regarding their elderly Parents.

Evaluation

Of the program will include post-program evaluation and follow-up evaluation on a random basis by selected population of participants to assess attitude change and skill usage.

Contact

Frank Williams, Family Life Specialist, The University of Arizona, Cooperative Extension Service, Home Economics Building, Room 210, Tucson, AZ 85721; (602) 621-1703.

STATE PLAN OF WORK AND EVALUATION PLAN—DELAWARE—092286

DE24—UNDERSTANDING DEVELOPMENT THROUGH THE LIFE SPAN (DELAWARE)

Situation

About 11.5% of the population is currently over 65. If these trends continue, ½ of the population will be over 50 and ⅓ over 65 by the year 2000. As the population grows older, there will be greater demands placed on families to provide primary support for members undergoing life changes such as retirement, failing health, and physical limitation. Research shows that 80% of all home care provided to persons aged 55 and over is given by family members. Belongingness and a sense of integrity provided by family members are crucial to the well-being of elderly people. Yet, even the most devoted child will find it difficult to provide support and care for an aging parent without experiencing some stress.

Objectives

Of the 250 participants in this programming: A) 200 will report an increased understanding of (1) the aging process and (2) normal intergenerational family stresses; B) 150 will report the use of (1) more effective communication skills and (2) more productive stress management techniques for enhancing the relationships between generations. Through greater awareness of community programs targeted at the elderly, 100 participants will report greater confidence in their own ability to nurture intergenerational relationships within the family.

Plan of action

All programs will have a workshop series followed by optional small interest groups led by trained volunteer facilitators and mailouts designed to reinforce key concepts in the aging process, intergenerational relationships, elder caregiving and retirement. Target audiences will include office, professional and factory workers, middle-aged and elderly adults, church and homemaker groups.

Evaluation

All programs will have on-site and 1-year followup through random sample telephone surveys. Selected programs will use anectodal records in evaluation.

Contact

Dr. Patricia Tanner Nelson, Family and Child Development Specialist, 125 Townsend Hall; University of Delaware; Newark, DE 19711; (302) 738-2538.

State Plan of Work and Evaluation Plan—Guam—091886

DU27—OLDER ADULT EDUCATION PROGRAM—GUAM

Situation

Gerontologists predict a greater increase in the population of older people, those 65 and over, due to the decrease in birth rate and a highly improved medical technology and industrial society. Guam is no exception to this prediction. The impact of older people's population increase on Guam can be expected to have a major bearing upon the social and cultural structure, education, politics and economy. If older people are expected to be high in numbers, an educational program must be designed to meet their needs and to utilize them in the society.

Objectives

To utilize older people's expertise, experience, knowledge and wisdom in various activities in the community especially leadership skills in youth development. Older people will be able to adjust to changing condition in modern day society. To encourage number of older people to remain active in their later years. Increase enrollment by older people in informal or formal educational programs.

Plan of action

To design a survey for the needs and wants of older people. Administrating the survey and collecting data about priority needs and wants. Also of possible learning areas or areas where the older people prefer to learn. Writing publications and news release. Training of people who will become teachers of adults and a pilot program in two designated areas in the island. Increase number of classes, participants and learning centers. University campus as one major learning center. Continue learning and possibly using participants as speakers in our classes. Evaluation and final accomplishments report.

Evaluation

A questionnaire will be developed and administered at the end of every year. A follow up letter will be mailed to all participants requesting input in their practice of what they have learned. Every participant will gain knowledge in formal and informal education environment. Number of elderly sharing knowledge and skills with 4-H'ers will be monitored.

Contact

Ted M. Iyechad, Project Leader, 4-H and Youth College of Agriculture and Life Sciences, UOG Station, Mangilao, Guam 96913.

STATE PLAN OF WORK AND EVALUATION PLAN—IOWA—091386

IA24—IOWA AGING AND INTERGENERATIONAL RELATIONSHIPS

Situation

As Iowa's older population continues to increase, programs and services for older Iowans will become strained due to increasing demands. Communities will need to be creative in finding ways to stretch scarce resources. Service providers, including those providing education to elders, need to recognize and encourage social contributions of the elderly. Persons of all ages need to understand the challenges and benefits of intergenerational intraction. There are a variety of family and community activities which can increase intergenerational relations. Intergenerational relations among farm families can be especially stressful.

Objectives

Families will understand the challenges and benefits created by 3 and 4-generation families. Families will increase their understanding of growth and change of individual over the life cycle and the effects on intergenerational understanding. Individuals, families and service providers will better understand the aging process and develop skills to enhance the quality of life for older adults.

Plan of action

1985-87—Meetings for extension staff, caregivers, and other interested persons on social, emotional, physical changes occurring with aging, and on aging family dynamics. Develop materials and conduct workshops on leisure and art activities for use in senior centers and nursing homes. Art appreciation activities for a variety of audiences. So Long We Live program used in 4-H groups and in schools. Music activities for older adults.

Evaluation

1985—Survey of those participating "So Long We Live". 1986-87—Evaluate 4-H intergenerational program.

Contact

Diane Flynn, Assistant State Leader, Home Economics Programs, B-Curtiss Hall, Iowa State University, Ames, Iowa 50011; (515) 294-6616.

STATE PLAN OF WORK AND EVALUATION PLAN—ILLINOIS—091586

IL65—GROWING OLDER IN RURAL AMERICA: A PRE-RETIREMENT PLANNING PROGRAM FOR ILLINOIS FARM COUPLES

Situation

Older Americans have become the fastest growing segment of the U.S. population. The number of people aged 60 and over has increased four times as fast as the number under 60 since 1900. In 1981, one of every seven Americans was age 60 and over. In 2000, one of every six will be that age or older and in 2035, the over 60's will be one of every four. In 1978, 64% of the Illinois farm operators were over age 45; 14% were over age 65. Farm couples in their 40's and 50's can anticipate living to older ages than their ancestors. Males who reach age 65 can expect to live an additional 14 years; women an additional 18 years. For most, retirement means a change in lifestyle. Planning for retirement should include the recognition of reduced income, increased leisure time, loss of health and vitality, and the loss of one's spouse. The time to plan for retirement is prior to actual retirement, and not when the event occurs. They need to plan more carefully for the last third of their lives to help assure contentment, happiness and satisfaction. In addition, pre-retirement planning will strengthen and maintain the family support system, help people to control their destin and provide financial security.

Objectives

1. To teach older farm couples the importance and value of pre-retirement planning.
2. To change the attitude of farm couples to a more positive outlook of life after retirement.
3. To help farm couples plan for improved personal and financial security as well as a feeling of self-worth upon retirement.

Plan of action

To help and prepare County Extension Advisers to (1) implement, organize and coordinate the Growing Older in Rural America workshop series in their counties; (2) teach and serve as a leader in open discussion sessions during the workshop series; (3) use the audio-visuals, the worksheets and quizzes, the TeleNet presentations and the on-site teaching; and (4) evaluate the learning which occurs during the workshops.

Evaluation

Changes in knowledge, attitudes and behavior of the Illinois farm couples who enroll in the workshop will be measured. The modules will be tested for understanding and relevance. Effectiveness of the workshop approach, small groups participation and individual worksheet activities will be measured.

Contact

T. Roy Bogle, Assistant Director, Cooperative Extension Service, University of Illinois, 116 Mumford Hall, 1301 West Gregory Drive, Urbana, IL 61801; (217) 333-9025.

STATE PLAN OF WORK AND EVALUATION PLAN—KANSAS—091286

KS11—FAMILY TIME: STRENGTHENING FAMILY TRADITIONS AND RELATIONSHIPS—KANSAS

Situation

Stressful economic conditions and role changes within the family are creating tension in family life. Employment of both parents and escalating demands of schools are placing burdens on family time. Parents are concerned that these distractions are preventing their families from developing close intra-family relationships and are looking for ways to balance these limits with their desire for greater family cohesiveness. Mobility of family members has created distance between generations. The elderly may feel their expertise is no longer of high value. Families are looking for ways to integrate cultural heritage and gain richness from interaction between all ages.

Objectives

3,000 parents will identify their family strengths and implement a positive change to strengthen family relationships. Fifty percent of family members involved will be able to identify their existing traditions and cultural heritage and gain rewards from time together. Fifty percent of elders will be able to identify positive goals toward which to work in relation to creative leisure time.

Plan of action

Human development and cultural arts specialists design and field test a model family time workshop; work with the Extension Homemakers in implementing family time goals for leisure activities and study of heritage over the next three years; coordinate materials on aspects of aging; develop leader materials and offer training experiences.

Evaluation

Follow-up of families involved in the program; leader evaluations; post-test family member reactions to family time events.

Contact

Charles A. Smith, Human Development Specialist, Zoe E. Slinkman, Cultural Arts Specialist, 201 Umberger Hall, Kansas State University, Manhattan, Kansas 66506; 913-532-5780.

FOUR YEAR PROGRAM AND EVALUATION PLANS—MARYLAND—090886

MD05—MARYLAND ENERGY: COLD AND HEAT STRESS MANAGEMENT

Situation

Fifteen percent of Maryland citizens are 60 years or older. By 1990, this figure is expected to increase to 18 percent. Economic trends indicate assistance programs for the elderly will, most likely, decrease over the next five years. Older Americans have unique energy problems. Persons over 65 often require higher temperatures (or lower in the summer) for health reasons than the average adult requires. Extension education programs focusing on the elderly energy needs including preventive measures for cold and heat stress, improving service delivery, public policy education and housing should help to alleviate these problems.

Objectives

By 1987, 1,000 volunteers from 15 counties participate in cold and/or heat stress management training and management training and teach four thousand five hundred elderly minorities and low income citizens cold and heat stress, basic energy tips, and identification of local resources by 1987. (1890)

Plan of action

1862 and 1890—Identify and contact representatives from health, aging, social services, utilities and volunteer groups to plan program. Publicize program through newsletter, newspaper, radio and TV. Conduct "train the trainers" workshops for representatives in cold and/or heat stress management. Identify target audiences to reach the program. Conduct evaluation by a mail survey. Conduct a statewide training at College Park for MCES faculty, community leaders, agency and institutions and volunteer groups

Evaluation

Three months from the time of training a follow-up survey will be sent from the state office to agents providing local leadership for the program. The survey will request the following information: Number of volunteers trained; citizens taught as a result of training; description of mass media audiences; any spin-offs of the program, and resource guide; and the number of elderly and/or low income trained. (1890)

Contact

Dr. Nan Booth and Dr. Louis Thaxton, CRD Specialists, Rm. 3220 Symons Hall, University of Maryland, College Park, MD 20742; (301) 454-5420.

Four Year Program and Evaluation Plans—Maryland—090886

MD59—INTERGENERATIONAL FAMILIES—MARYLAND

Situation

As life span lengthens and economic resources of families decrease, more families are sharing their living space with older members and making decisions related to health, living arrangements, legal and financial matters and day-to-day problems. This situation has created a need for intergenerational family members to acquire knowledge, skills and attitudes necessary to better adjust to these changing conditions.

Objectives

An intergenerational families prograrm will help family members better understand family relationships and stages in later life, improve their attitudes toward older persons, and be better able to cope with problems of their aging parents. (1) An estimated 2,000 participants from 12 counties will develop a more positive attitude toward aging; (2) 2,000 will recognize physical and emotional changes and needs of older persons; (3) 500 will plan for and make necessary adjustments in their housing arrangement; (4) 500 will make adjustments in their lifestyles to fit the needs of aging family members and (5) 1,500 will develop and/or expand personal networks to meet needs of elderly family members. Extension professionals will coordinate with other social agencies such as county commissions on aging, department of social services, health departments, senior centers, and other organizations to extend outreach efforts to the elderly and their families. Over a 4-year period 500 homemaker leaders will be trained to extend program outreach (15 per leader) to 7,500 families.

Plan of action

Programs will be disseminated through meetings, leader training, newsletters, TV, radio, newspapers. Staff development training will be provided to assist home economics agents. Program materials will be developed by specialist and provided to counties to support educational efforts to reach Extension Homemaker Club leaders and members, limited resource and minority audiences, the elderly and family members.

Evaluation

Instruments will be developed to monitor progress. These reports will reflect positive attitudes gained by participants, recognition of physical and emotional changes of aging parent, adjustments made in lifestyle, development of personal networks, coordination with community organizations; and adjustments made in housing arrangements as a result of this program.

Contact

Dr. Billie H. Frazier, Human Development Specialist, University of Maryland, 1212 Symons Hall, College Park, MD 20742; (301) 454-3604.

STATE PLAN OF WORK AND EVALUATION PLAN—MAINE—090986

ME31—SENIOR COMMUNITY SERVICE PROJECT (MAINE)

Situation

Of the 1,122,330 people in the State of Maine, 248,295 or slightly over 22% are 55 years of age or older. Of that number, 35,064 would be considered poor according to federal poverty level guidelines (based on 1980 census figures). Older workers face multiple handicaps in obtaining employment. Employers tend to perceive older workers as less desirable due to misconceptions regarding changes of aging. Other misconceptions relate low income status to low educational levels and ignorance. Finally, given that Maine is a primarily rural state, jobs are scarce and competition for them is keen.

Objectives

(1) Income eligible persons 55 and older will be enrolled in the Senior Community Service Project and assisted in obtaining part-time work in not-for-profit worksites. (2) Not-for-profit worksites will be recruited to provide SCSP enrollees with training in transferable job skills. (3) Enrollees will be trained in job-seeking skills, and will be encouraged to move out of the program into unsubsidized employment.

Plan of action

(1) The Project Coordinator, consulting with the Project Administrator, will administer the project on an on-going basis and will supervise the paraprofessional staff of four Project Aides and four Project Trainers. (2) the Project Aides will recruit enrollees and worksites and act as liaisons between the Coordinator, worksites, and enrollees. (3) The Project Trainers will train enrollees in job seeking skills.

Evaluation

(1) Project Trainers and Project Aides will meet with the Project Coordinator bimonthly (Trainers alternating with Aides) for on-going supervision and program evaluation. (2) Annual goals set by the contractor, National Council on the Aging, for number of enrollees and number of unsubsidized placements will be met.

Contact

Rita M. Gerke, Human Development Specialist (Aging), Extension Family Living Office, The Greenhouse, University of Maine, Orono, ME 04469; (207) 581-3104.

STATE PLAN OF WORK AND EVALUATION PLAN—MAINE—090986

ME37—MAINE HOMEMAKER GROUPS

Situation

Extension homemaker groups have difficulty in assessing needs, setting priorities, developing educational plans, evaluating actions, and providing leadership development opportunities for their members. In addition, there is a reluctance on their part to extend themselves into the community or actively seek new members. Although a validated survey has not been conducted, the average age of homemaker groups is estimated to be 55 and above. Because of their composition, it is important to help them design programs relevant to the needs of aging.

Objectives

Participate in homemaker groups will: (1) prepare and conduct educational programs for their members, (2) actively seek new members including expanding the number of homemaker groups, (3) assume greater levels of responsibility within the community and the group.

Plan of action

Counties will employ a variety of techniques to meet the stated objectives. Self-contained subject matter kits, including program outline, materials and suggested activities, will be developed for use by group members. Extension agents will take active leadership roles with advisory groups in an effort to identify and deliver programs, including leader training, and to expand the number of groups and the composition of existing groups. Organizational assistance will be provided to leaders and groups, helping them to develop and refine leadership skills and to become more involved in community projects. In addition, statewide leadership will be provided to assist counties requesting help with the homemaker groups. A carefully designed series of events are being planned to help faculty members assess the effectiveness of homemaker groups, develop a common philosophy, and provide mutual support.

Evaluation

Extension agents will report on the number of newly organized groups, whether or not membership has increased in existing groups. Educational content of homemaker meetings will be evaluated to determine the increase in number of programs and to assess the content. Community involvement by the homemaker groups, including both number and effectiveness, will be assessed. The numbers of people assuming leadership roles will be evaluated. Documentation, both verbal and written, of the impact of the statewide leadership effort will be solicited.

Contact

Rae C. Kontio, Program Leader, Family Living, Clapp Greenhouse, University of Maine, Orono, ME 04469; (207) 581-3107.

State Plan of Work and Evaluation Plan—Maine—090986

ME39—MAINE: MULTI-PURPOSE PROGRAMS FOR ELDERLY AND FAMILIES

Situation

Approximately 15.3% of the population of the State of Maine, or approximately 171,716 persons, are 65 years of age or older (based on 1980 census figures). This is significantly higher than the national average of 10% 65 and older. Most observers believe that the aging population will continue to grow, perhaps to as such as 25% of the total U.S. population, by 2020. As a group, older people have lower incomes, more chronic illnesses or conditions, and higher levels of need for interpersonal and community support than do younger people. In a rural state such as Maine where limited community resources are already strained, education of families with elderly members and of the elderly themselves is needed to promote understanding of the aging process, of normal changes of aging, problems relating to aging and resources available for dealing with those problems.

Objectives

(1) Elders and their families will improve their understanding of the aging process. (2) Elders and their families improve their ability to differentiate between normal changes of aging and problematic changes in older persons. (3) Elders and their families will improve their awareness of community resources, both formal and informal, relevant to their needs.

Plan of action

(1) Workshops and programs will be offered throughout the state by local Extension agents working in cooperation with the Extension Family Living Office and resource people in the local communities in such areas as: (a) Aging as a normal life process, (b) Health and Nutrition issues for elders, (c) Financial planning in later years, (d) Identifying and utilizing relevant community resources for the elderly, (e) Safety issues in later years, (f) Intergenerational cooperation.

Evaluation

Depending on the nature of the program and the audience to whom it is presented, evaluation will be performed by means of: (a) Staff and executive committee reviews, (b) Feedback from programs, and workshops participants, (c) Client contact records, (d) Development of a continuing Needs Assessment, (e) Follow-up interviews with community resource persons for some selected programs.

Contact

Rita M. Gerke, Human Development Specialist (Aging), Family Living Office, Clapp Greenhouse, University of Maine, Orono, ME 04469; (207) 581-3104.

State Plan of Work and Evaluation Plan—Maine—090986

ME40—SENIOR COMPANION PROGRAM IN MAINE

Situation

The 1980 census revealed that almost 20% of the population of Washington County (6,810 individuals) were 60 yrs. of age or older. This was twice the national average. At the same time, Washington County covers an area half the size of the

State of Connecticut, has no large population center, no public transportation, and limited health and human services resources. Well elderly are unable to identify and pursue meaningful volunteer opportunities, particularly if they are on a limited income, while frail elderly are at risk for loneliness, isolation, and possible premature and/or inappropriate institutional placement.

Objectives

(a) A minimum of 70 low income elders called Senior Companion Volunteers provide 73080 hours/yr. service in support of at-risk elderly clients. (b) Approximately 300 at-risk elders will learn skills to enable them to live healthier, more satisfying lives. (c) Professional staff of 25 health and social service agencies will increase their skills and experience in support and supervision of Senior Companion Volunteers.

Plan of action

(1) Recruit and train elderly, low income volunteers. (2) Maintain an average force of 70 trained Senior Companion Volunteers. (3) Provide training in volunteer management to health and social service agencies and assist in the assignment of Senior Companion Volunteers to clients. (4) Maintain a record keeping and a management system to account for Senior Companion Volunteer activities and program expenditures in accordance with an annual federal grant from Plan of Action to the Cooperative Extension Service.

Evaluation

Agents will assist an established advisory council to conduct an annual program evaluation by survey of Senior Companion Volunteers, their clients, and their supervisors. Agents will assist volunteer supervisors with performance evaluation of individual Senior Companion Volunteers. Agents will write quarterly and annual reports to Plan of Action.

Contact

Rita M. Gerke, Human Development Specialist (Aging), Extension Family Living Office, The Greenhouse, University of Maine, Orono, ME 04469; (207) 581-3104.

STATE PLAN OF WORK AND EVALUATION PLAN—MISSOURI—090286

MO61—MISSOURI—AGING PROGRAMS

Situation

Missouri's population 65 years of age and older exceeds the national average in 104 out of its 114 counties. In some areas of the state, more than 20 percent of the population is above age 60. The elderly population in Missouri continues to increase. In 1980, 13 percent of the state's population was 65 and older. By 1982, this had increased to 13.3 percent. People in general are not prepared for the social, psychological and economic changes that occur with aging and retirement. There is need for continuous education to prepare individuals for these changes and to assist communities and providers of services to the elderly in meeting their needs.

Objectives

(1) Through educational programs help individuals to begin planning for the changes that come with aging so that they may better cope with it; (2) to assist communities and providers of services, as well as the elderly themselves, in needs assessments; (3) to conduct needed educational programs for the elderly as defined by them, and (4) to provide training for providers of services to the elderly, such as Area Agencies on Aging, nursing home staffs, and visiting nurses.

Plan of action

(1) Conduct needs assessment with aging population and providers of services to elderly; (2) conduct National two-week seminar on aging annually; (3) plan and conduct educational programs on all phases of aging problems with elderly and providers of services; (4) use expertise of University Center for Aging Studies and Lincoln University gerontologist in developing needed educational materials and assisting field staff in development and implementation of aging programs; (5) emphasizes training on problems of the elderly in Inservice Training of campus and field staff.

Evaluation

Evaluation will be based on (1) participation of the elderly in needs assessment, program development and implementation; (2) the number of educational programs conducted; (3) improvements in service delivery for the elderly; and (4) evaluation by the elderly themselves about improvements in the quality of living as a result of educational programs.

Contact

Kenneth E. Pigg, Director, Community and Public Sector Programs, 717 Clark Hall, University of Missouri-Columbia, MO 65211; (314) 882-8393.

STATE PLAN OF WORK AND EVALUATION PLAN—MISSOURI—090286

MO69—CONTINUING EDUCATION FOR PROFESSIONAL EDUCATORS—MISSOURI

Situation

With changing mandates at the national and state levels, the approaches to continuing education as well as teacher training appear to be changing. The approaches will encompass the non-credit and credit areas. There will be a need to assist in the training or updating of teachers in areas such as computer, science, math, etc.

Objectives

Assess and implement educational offerings that provide teachers with skills needed to affect more effective teaching.

Plan of action

Working in cooperation with the schools of education within the University of Missouri and Lincoln University, the Continuing Education Specialists will work to match academic resources with local educator's needs.

Evaluation

Standardized short and long range evaluations will be administered to determine participant satisfaction as well as perceptions of skills obtained.

Contact

Dr. Thomas A. Henderson, Director, Business and Industry/Continuing Education Programs, University of Missouri, 821 Clark Hall, Columbia, Missouri 65211; 314/882-4321.

STATE PLAN OF WORK AND EVALUATION PLAN—MISSOURI—090286

MO109—AGING FAMILIES IN RETIREMENT—MISSOURI

Situation

In the last decade the elderly in Missouri have increased 3 times as rapidly as the general population. The fastest growth is among the elderly over 80 who are most vulnerable to poor health. The impact of intellectual decline and memory loss is great on aged persons and those caring for them. Middle generation adults need information and support as they provide the primary support system for the aged. These adults, professionals and lay persons working with the elderly as well as people of all ages need to better understand adult development, the aging process and ways to maximize family intergenerational relationships and positive aspects of life in later years. The elderly and their families must develop new skills to cope with the aging process. Care options must be developed and improved.

Objectives

1. Families will develop more positive relationships and helpful behaviors with parents or relatives in their later years.
2. Families, providers or potential providers of care of the frail elderly will learn the benefits of care options, will plan/develop and/or improve facilities and/or daily programs for quality care (especially in adult day care and/or in-home care).
3. Families, individuals, caregivers or those working with the elderly will address issues arising in later years related to relationships, development and coping (through programs found in "Plan of Action" below).

Plan of action

1. Develop and conduct workshops, conferences, and training sessions to help families with elderly members, providers of care for the frail elderly or those who work with the elderly.
2. Develop support materials and/or work with the following programs—Adults and Aging Parents, Intergenerational Relations, Coping with Life Changes (Attitudes, Physical Changes, Exercise, Counseling the Elderly, Life Review, Interdependence, Widowhood and Loneliness, Sexuality and Older Adults, Death/Dying/Grief), Middle Years Transitions, Retirement Planning, Validation for the Disorient-

ed Elderly, Care Options of the Elderly (Adult Day Care, In-home Care, Adult Sitter Program, etc.).

3. Develop/use newsletter items, educational displays, or mass media programs related to issues of aging—including radio, newspapers, televison, etc.

Evaluation

A standard evaluation procedure will be used to assess—

1. The number of volunteer leaders involved.
2. Number of persons participating.
3. Changes in attitude and knowledge.
4. Practices adopted.

Contact

Lou Isbell, State Child and Family Development Specialist, 14 Gwynn Hall, University of Missouri-Columbia, Columbia, Missouri 65211; (314) 882-4628.

FOUR YEAR PROGRAM AND EVALUATION PLANS—MISSISSIPPI—090386

MS179—GERONTOLOGY PROGRAM—MISSISSIPPI

Situation

Mississippi's elderly population is increasing. There are nearly 500,000 (15.6 percent to total population) persons in Mississippi age 60 or above. Of these 500,000 elderly persons, 54 percent have incomes which are below the poverty level and 2 percent are illiterate. In Mississippi, 81 of the 82 counties have shown a substantial increase in the number of persons 60+ between 1978-1982. There is a growing need to educate the elderly themselves, their families, and the general population about the aging process; the special and particular physical, emotional, and financial problems facing the elderly; and, to offer a vehicle to pursue solutions to these special problems.

Objectives

To assist individuals and families in learning about the aging process and in coping with elderly relatives who are experiencing age-related changes.

To educate professionals and paraprofessionals who work daily with the elderly in institutional and day-care settings.

To promote aging awareness in the general population.

Plan of action

The Institute on Aging will provide 40 courses toward a Certificate of Applied Gerontology of 600 Mississippians. These people will be educated in leader training skills and techniques for training others, decisionmaking and planning on behalf of older adults and in assessment of family needs and resources. The services of the Advisory Board will be used in planning to meet the needs of aging, organizational staff and older adults. The Institute will provide eight video tapes on aging for organizational development of the Mississippi Association of Caregivers to dementia, depression, and disorientation and assistance to the Task Force on Alternative Living Arrangements.

Evaluation

Evaluation will include pre-cost tests for courses; competency tests in leadership and communication; feedback from participants by phone, letter, and questionnaire; recording numbers of requests for aid and assistance with appropriate follow-up activities.

Contact

John W. Lovitt, Extension Gerontology Program Specialist, P.O. Box 5406, Mississippi State University, MS 39762; (601) 325-3084.

FOUR YEAR PROGRAM AND EVALUATION PLANS—MISSISSIPPI—090386

MS222—INTERGENERATIONAL RELATIONS (MISSISSIPPI 1890)

Situation

Many elderly people are located in isolated rural areas without modes of transportation or telephones. It is estimated that 50 percent or more of the elderly in southwest Mississippi are residing in homes with relatives.

It has been observed that many elderly people are being abused by family members or other caretakers.

People who are approaching retirement need information on the role transition and elderly assistance.

Objectives

1. Fifty people near retirement age will receive information on retirement benefits and role transitions.

2. One hundred elderly will be more adequately prepared to face dilemmas such as elderly abuse, crime, and entering homes for the elderly as a result of attending educational workshops and training on the dilemmas of aging.

Plan of action

Use agency on aging as a referral for clients who desire their services. Visit families with live-in elderly people. Visit elderly in isolated rural areas. Conduct training workshops, group meetings, and distribute educational materials.

Evaluation

Random survey of clients to test for receptiveness of program. Observe for behavior changes.

Contact

Ms. Mildred L. Holland, Family Life and Child Development Specialist, P.O. Box 479, Alcorn State University, Lorman, MS 39096; (601) 877-6126.

STATE PLAN OF WORK AND EVALUATION PLAN—MONTANA—090186

MT65—GROWING OLDER "LATER YEARS ARE GREATER YEARS" MONTANA

Situation

In Montana and the nation, nearly one person in eight is now age 65 or older, and the number of elderly grows daily. Nearly 12% of the population now, the elderly were only 4% of the total population in 1900. There are now more than 32,000 Americans who are at least 100 years old, and the prospects continue to improve for all persons to have a lengthy period of old age. For these later years to be satisfying and meaningful, people must be adequately prepared to deal with the changes which come. People will spend years preparing for their career of work, but spend practically no time preparing for their later life, which may be a block of time nearly as great as the working period.

Objectives

Two thousand Montana adults will be able to identify the social and psychological factors important in aging, and will understand the aging process. At least 1,000 persons will have worked out a plan of financial needs and resources for retirement, and a plan for how they will live and spend their time after retirement. At least 800 persons will develop a program of exercise and diet which will lead to an improved state of health through weight reduction and increase of physical stamina.

Plan of action

Research-based information on the normal physical, social, psychological and financial aspects of aging will be presented by the Human Development Specialist, and by the Human Development Specialist, and by several other Extension Specialists in different subject areas. County agents who have undertaken some studies in preparation may lead programs in certain areas of the program's emphasis. Aging will be emphasized frequently in newsletter articles, and some new audio-visuals in the area of aging will be recommended for use.

Evaluation

Knowledge and attitudes regarding aging will be measured by a pretest instrument, to be developed by the Specialist, and the same test will be given as a posttest to a random sampling of participants after completion of the study, to determine the degree of change in knowledge and attitutes resulting from the study.

Contact

Robert W. Lind, Human Development Specialist, Taylor Hall, Montana State University, Bozeman, MT 59717; (406) 994-3452.

STATE PLAN OF WORK AND EVALUATION PLAN—NORTH CAROLINA—082586

NC118—FAMILY STRENGTHS AND SOCIAL ENVIRONMENT IN NORTH CAROLINA—SUMMARY

Situation

Families and the social environment in which they live need to be strengthened. This is reflected in the increases in divorce, runaways, physical and emotional abuse, mental illness, adolescent pregnancy, alcohol and drug abuse, and other symptoms of stress. Parenting knowledge and skills are needed to enhance child growth and development. The unemployment situation and other factors have resulted in poor self-esteem of both children and adults. Older adults need help with retirement preparation and adjustment to aging.

Program segments

(1) Family Interpersonal Relationships, (2) Stress, (3) Self-Esteem, (4) Parenting, and (5) Adult Growth and Development.

Objectives

(1) N.C. couples and families use recommended communication skills to improve interpersonal relationships; (2) Families, including limited-resource persons, practice stress management and coping skills; (3) Families and household members enhance their own and others' self-esteem; (4) N.C. working parents, child care workers and community leaders deal effectively with family-work related problems; (5) N.C. youth and families acquire skills and gain knowledge in child care and growth and development; and (6) N.C. adults plan and adjust to retirement and older years.

Plan of action

Major program segments will be conducted using various delivery methods including packaged programs, series of classes, flipcharts, computer programs, special interest meetings, home teaching visits, Teletip, radio, newspapers, newsletters, retreats, volunteer education programs, camps, and home study courses.

Evaluation

EV-1, EV-2 or other appropriate evaluation tools will be used.

Contact

Leo F. Hawkins, Ed D.; Cynthia E. Johnson, Human Development Specialist, P.O. Box 7605, N.C. State University, Raleigh, N.C. 27695-7605; (919) 737-2770.

STATE PLAN OF WORK AND EVALUATION PLAN—NORTH CAROLINA—082586

NC122—FAMILY STRENGTHS AND SOCIAL ENVIRONMENT, SELF-ESTEEM: NORTH CAROLINA

Situation

Lack of self-esteem is related to teen pregnancy, human and substance abuse and failure to grow and develop throughout life. Many parents lack understanding of their role in the development of the self-esteem in their children and may be lacking in self-esteem themselves, making it hard to foster self-esteem. Children and youth with poor self-esteem may find it difficult to grow into mature adults. Unemployment and underemployment and high expectations of society reduce self-esteem. Older adults may lack self-esteem due to poor acceptance of aging.

Objectives

2000 family and household members practice specific techniques designed to enhance the self-esteem of themselves and others.

Plan of action

Major programs will be conducted using multi-disciplinary and multi-media approaches. Delivery systems will include meetings, workshops, leader training, Teletip, radio, newspapers, newsletters and retreats. Agents in home economics and 4-H will implement program efforts with the assistance of leaders and other resource persons.

Evaluation

Appropriate evaluation methods will be used, including EV-1, EV-2, and EV-3, or others developed by county Extension personnel.

Contact

Leo F. Hawkins, Extension Specialist, Human Development, P.O. Box 7605, N.C. State University, Raleigh, NC 27695-7605; (919) 737-2770.

STATE PLAN OF WORK AND EVALUATION PLAN—NORTH CAROLINA—082586

NC126—FAMILY STRENGTHS AND SOCIAL ENVIRONMENT ADULT GROWTH AND DEVELOPMENT: NORTH CAROLINA (1890)

Situation

According to the census data North Carolina is not only a growing state, but it is a growing older state. In March 1980 there were 792,420 persons over 60 in North Carolina. Three-fourts of these individuals are in the "young-old" age category of 61 to 75 years of age. There are 1,234,043 persons between the ages of 40 and 60 or 22.5 percent of the state's population. Aging is a natural process of life, yet, few people are prepared to deal with the emotional and social problems which accompany retirement and the process of growing old. There is a need for people, especially the adult population, to learn more about the process of aging, the needs and problems of the elderly and social and emotional preparation for retirement.

Objectives

3,500 young adults, middle aged and older adults acquire knowledge and adopt practices recommended for a satisfying and enjoyable retirement and senior years of life.

Plan of action

Special interest workshops, home teaching visits, small group sessions and other appropriate Extension methods on adult growth and development, retirement planning and other related topics. Educational experiences and programs will be implemented by home economics agents and paraprofessionals.

Evaluation

Appropriate formative and summative evaluations will be developed and used.

Contact

Thelma J. Feaster, Family Coordinator/Human Development Specialist, P.O. Box 21928, Greensboro, NC 27420; (919) 379-7956.

STATE PLAN OF WORK AND EVALUATION PLAN—NEW JERSEY—082886

NJ17—HUMAN DEVELOPMENT—AGING PROGRAMMING, NEW JERSEY

Situation

The median age of NJ residents is 32.2 years; only the median age of Florida residents (34.7 years) is higher. New Jersey has over 800,000 residents over the age of 65, approximately 7.6 percent of the total population. The over 65 age group is expected to almost double by the year 2030. Primary roles in care giving are being filled by adult children and their immediate family members, both in home or in visits to the homes of aging parents. Most of the responsibility of dependent care for elderly relatives is borne by women.

Objectives

The primary objective will be to help adults and youth to improve intergenerational communication and meet physical and emotional needs of the elderly.

Plan of action

Eight days of inservice education will be offered to extension faculty assisted by a grant from the N.J. State Division of Aging. Two days will deal with basic principles and the identification of three models around which 2 additional days of inservice on each of the three models will be designed: Living With Change, a program to assist middlescents to prepare for the changes which will occur during their own progression into older adulthood; Intergenerational programs, which will focus primarily on generating understanding between youth and seniors; and Respite Care Through Adult Sitter Training.

Three groups of counties plan to work cooperatively in presenting the Living With Change Model and 5 counties will work independently in multiple or single session programs in implementing some portion of that curriculum in FY85 through FY87. The Adult Sitter Model is developing as a Family Care Giver program of from 6 to 8 sessions in length in 2 counties. Another county with a new home economist also may implement this model. Intergenerational programs are continuing to be implemented through 4-H agents in 4 counties.

Evaluation

Evaluation of the inservice will be conducted by a faculty member in the Graduate School of Education and is funded as part of the training grant. As programs are implemented, evaluation of results will be measured through post meeting instruments, observed interactions between youth and seniors and number of persons trained as family care givers.

Contact

Nancy B. Crutchfield, Extension Home Economist, Hunterdon County Extension Service, Route 31, RD No. 6, Box 48, Flemington NJ 08822; (201) 788-1342.

State Plan of Work and Evaluation Plan—New Mexico—082786

NM02—FAMILY ECONOMIC STABILITY AND SECURITY IN NEW MEXICO

Situation

The project '82 report identified financial management as a major problem of families. New Mexico ranks 42nd among states in per capita income. Preliminary figures show this to be $9,560 for 1983. Older persons are the fastest growing segment of our population, says the Pennsylvania Department of Aging. Census Bureau figures show a 64% increase in the number of persons 65 years or older in New Mexico between 1970 and 1980. According to Chase Econometrics, the greater affluence of two-income families will bolster demand for products that appeal to sophistication or convenience. Changes in consumer legislation and regulation make it difficult for consumers to keep up with information needed to make knowledgeable decisions. For example, the 1980 Depository Institutions Deregulation and Monetary Control Act requires all interest-rate regulations be phased out. Other examples include the development of individual retirement accounts, alternative home financing instruments, tax regulations, a changing financial services industry and the repeal of usury laws in New Mexico.

Objectives

(1) 1000 consumers will increase their knowledge in saving and investment systems and apply new information to their personal situation; (2) 2000 consumers will increase their knowledge of laws and regulations that relate to or affect consumers; (3) 2000 consumers will learn and practice recommended purchasing skills in the marketplace to enhance resource allocation; and (4) 1000 consumers will increase knowledge and skills needed to manage personal finances.

Plan of action

(1) In-service training for county home economists for each objective listed; (2) mass media, newsletters and publications for individual learning; (3) Volunteer leader lessons for group meetings with accompanying publications; (4) Programs, work-shops and video-tape presentations for organized groups to be presented by county home economists and state specialists; (5) Computer-assisted programs for both groups and individuals to use in developing skills in consumer choices and financial management.

Evaluation

Questionnaires to be sent to random proportion of program participants for selected volunteer leader programs on use of program information. Pre- and post-tests for selected workshops and programs. End of meeting questionnaires for selected programs.

Contact

Jackie Martin, Family Finance Specialist, Box 3 AE, NMSU, Las Cruces, NM 88003; (505) 646-2009.

State Plan of Work and Evaluation Plan—New Mexico—082786

NM06—LIFESPAN IN NEW MEXICO

Situation

Lifespan extension—longevity earlier generations rarely experienced now common to most Americans—poses a special challenge in New Mexico. Lifespans of resident-born males or females have not increased as much as in the general U.S. population. This in part due to historically higher state accident rates and a combination of indirect health related factors, including lack of language fluency and educational advancement, lower lifetime incomes, lack of familiarity with health service delivery systems and the special barrier this poses to entry into the health care system earlier in life and negotiation through the health care bureaucracy.

By contrast migration of affluent retirees from snow-to-sunbelt increased the state's 60+ population by 62% in comparison to a growth rate for the general population of 28% in the state and 11% in the nation between '70 and '80. Nativeborn, lifelong resident elderly find themselves outnumbered and out voted at senior citizen organizations and on public issues. Financially they cannot compete well with affluent migrant retirees for retirement living facilities, health care services and facilities food and clothing. The crowning blow to Hispanics and Native American elderly is the combined loss of cultural identity in social institutions and the break in tradition of care by younger members of the extended family.

Objectives

1,500 family members will identify at least six lifestyle consequences of an extended lifespan and two or more alternatives for dealing with each of these consequences either for (a) aging parents and the potential impact on the lives of adult children or (b) themselves and the potential impact on their children.

Plan of action

Develop training materials and a leader's guide identifying demographic trends among elderly, implications longevity holds for lifestyle changes for themselves and extended family relationships, health care, personal development and need for familiarity with community support systems. Conduct workshops, in-service training in three counties in FY '85 and in three or more counties during each fiscal year FY '86 and FY '87.

Evaluation

End-of-meeting questionnaires and mail survey to identify knowledge gained and anecdotal accounts of practices adopted to be distributed, summarized by counties forwarded to family life specialist for preparing state summary.

Contact

Leo Yates, Extension Family Life Specialist, Box 3 AE, NMSU, Las Cruces, NM 88003; (505) 646-2885.

Four Year Program and Evaluation Plans—New York—082686

NY26—FINANCIAL PLANNING FOR RETIREMENT, NEW YORK STATE

Situation

Population trends, changes in life expectancy and in labor force participation indicate more people will be retiring earlier and living longer. At the same time, financial support from both public (Social Security) and private (pensions) sources becomes less reliable. Longer retirement periods and funding problems of retirement income sources make pre-planning for retirement even more important. About one-fifth of New York counties have identified retirement planning as a major program area.

Objectives

The overall objective is to help families allocate resources across their life cycle so as to be able to enjoy an economically secure retirement. Participating families will develop a long term plan of spending, saving, and investing, and will prepare for lifestyle changes that accompany retirement. Expected results annually include (1) 400 families will adjust current spending and saving patterns to reflect goals for retirement income, (2) 1000 families will become aware of community support services for retirees, (3) 500 families will contact their retirement income sources (pensions, Social Security) to learn of reitrement benefits, (4) 60 volunteers per year will be trained to assist in delivering the program.

Plan of action

In addition to traditional extension delivery methods (meetings, media), extension will network with businesses and public agencies to deliver retirement planning programs. Volunteers from the Office on Aging and Retired Senior Volunteer program will be trained and involved in delivering selected parts of the program. State support for county program includes publications, media releases, development of resource/workbook, and inservice education opportunities.

Evaluation

Reflective Appraisal of program (RAP) studies will be conducted in years 1 and 3 to assess program impact in a sample of counties conducting pre-retirement programs. The initial studies will provide information for improving the program and determining how best to obtain impact data for use with county legislators, state decision makers and citizens interested in this program.

Contact

Jeanne M. Hogarth, Consumer Economics and Housing, New York State College of Human Ecology, Cornell University, Ithaca, NY 14853; 607-256-2058.

FOUR YEAR PROGRAM AND EVALUATION PLANS—NEW YORK—082686

NY27—HOUSING OPTIONS FOR THE ELDERLY, NEW YORK

Situation

As of 1980 more than 2 million people over 65 lived in New York State. Of these, only 5% are estimated to reside in institutional settings. The majority are living in various arrangements in the community. As the cost of property taxes, utilities, maintenance and repair rise, housing expenses are becoming an increasing burden to elderly owners and renters. The number of housing options for primarily the elderly is increasing at both the proposal and implementation stages. These options include home sharing (both match-up and group home types), secondary units (accessory apartments and granny flats) and a variety of mechanisms to enable home equity conversion. Older individuals and families, their adult children and communities need to be informed about these options. Householders seem to make informed decisions about housing choices. Communities seek timely information about developing concepts and program opportunities for the development of housing options for older residents.

Objectives

(1) County residents and decision-makers will examine newly developed community based housing options; (2) each county in the state will consider the variety of community based options for housing older residents; (3) community groups in 80% of the counties in New York State will plan, organize, and implement options deemed appropriate for local communities; (4) state agencies will develop housing options for the elderly, coordinate efforts among state agencies, including the Division of Housing and Community Renewal, Office for the Aging, Department of State and Department of Social Services; and implement demonstration programs to explore the application of community based housing options to both urban and rural sites.

Plan of action

Information will be primarily disseminated through local and regional meetings and conferences. Materials will be developed by college faculty. Materials developed and prepared by other sources will be reviewed, distributed and made available to either professional agencies or targeted consumers. Consortia and collaboration of area and/or interest-focused agencies and organizations will be encouraged for the exploration and initiation of local programs. Consumer information also will be made available through fairs, public meetings, leader training classes, newsletters, newspaper and other media. Statewide inservice education will keep staff informed for newly developing options.

Evaluation

During the third year a statewide survey will be conducted to assess type, location and stage of development of various housing opportunities in communities for elderly households as well as ascertain working relationships that have developed between Cooperative Extension agents and community organizations and agency staff.

Contact

Patricia Baron Pollak, Consumer Economics and Housing, NYS College of Human Ecology, Cornell University, Ithaca, NY 14853, 607-256-3171.

State Plan of Work and Evaluation Plan—North Dakota—082486

ND18—LIVING WITH CHANGE—AGING (NORTH DAKOTA)

Situation

North Dakota has an aging population that creates challenges for the senior citizens and concerned adults. The 1980 census showed that 21% of the state's population is 55 years and older. North Dakotans have one of the highest longevity records in the United States according to the National Center for Health Satistics. This record continues to rise. Extension's county advisory groups have indicated concerns about senior citizens and the problems they face in regard to housing. nutrition, finances, physical, psychological and social changes. Gerontology programs have and are receiving national emphasis. Recently a state specialist was given the assignment to provide leadership for gerontology programs.

Objectives

Extension gerontology programs will provide information for senior citizens and concerned adults to acquire knowledge and skills to contribute in solving financial and nutritional problems. Results include (1) Identifying resources, public and private, available to senior citizens and concerned adults, (2) Providing 700 senior citizens and concerned adults with information about available resources and how to use them for personal support.

Plan of action

Inservice training for county staff will be conducted in fall 1983 focusing on mental, psychological and social aspects of aging. Follow-up training will be done through additional inservice training, newsletters and publications. Ten or more agencies and groups will be studied and network plan developed. Meetings and individual contacts will be held with senior citizens and concerned adults to provide them with information about potential resources to help solve their problems. The Extension Service has pertinent educational information to support senior citizens.

Evaluation

Specific evaluation plans will be developed later. After county advisory groups and staff have provided specific direction, an amended plan will be filed.

Contact

Jane Winge, Gerontology Program and Clothing Specialist, 210 Ceres Hall, North Dakota State University, Fargo, ND 58105; (701) 237-7255.

State Plan of Work and Evaluation Plan—Oklahoma—082286

OK102—OKLAHOMA FAMILY STRENGTHS: INTERGENERATIONAL RELATIONS

Situation

The number of aging individuals has dramatically increased over the last decade. The elderly are increasing faster than any other age group in our society. The life span is approximately 72 years with female expectancy nearly 5 years longer. Twelve percent of the U.S. population (25 million) and nearly 14 percent of Oklahoma's population (6,000,000) are currently 65 years or older. A disproportionate number of senior citizens are coping with problems of retirement and aging. This had depended largely on the social, economic, physical, and emotional resources an individual has accumulated and maintained throughout a lifetime.

Objectives

Extension Intergenerational Relations programs will assist individuals to acquire knowledge and information related to the following areas: (1) considering retirement possibilities and pitfalls; (2) learning some constructive and specific ways to prepare for a satisfying retirement, (3) understanding myths and realities of aging which includes aspects related to ageism, myths about aging, and developing a positive attitude about the aging process; (4) realizing the concerns of intergenerational relationships; (5) understanding nursing homes and the nursing home environment; (6) becoming aware of the problems related to living alone; (7) understanding the loss and grief experienced by the death of a spouse, and (8) explaining the complexities of medicare.

Plan of action

(1) 20 counties will use various aspects of the Intergenerational Relations program; (2) 70 Homemakers clubs will receive training; (3) 1350 volunteer leaders will

receive county and district training by the Human Development Sepcialist; (4) materials on understanding medicare (Medicare Roundup) will be presented to homemaker clubs and interested community groups by county home economists with supervision from the Human Development Specialist, representatives from Blue Cross and Blue Shield, Aetna Casualty and Life and the Health Care Financing Administration.

Evaluation

Evaluation data will be gathered through the following means: (1) publications disseminated; (2) number of programs conducted and individuals participating; and (3) "Feeder" form evaluation data collected through an Agents Questionnaire of county use and a Homemakers Questionnaire of knowledge gained from program participants. The State Human Development Specialist will cooperate with the Gerontology Specialist to evaluate annual county, district and state concerns in updating and developing needed aging materials.

Contact

Joseph A. Weber, Ph.D., Human Development Specialist, Department FRCD, 239 HEW, Oklahoma State University, Stillwater, OK 74078; (405) 624-5060.

State Plan of Work and Evaluation Plan—Oregon—082186

OR61—FAMILIES AND AGING—OREGON

Situation

Over 12 percent of Oregon's population is age 65 and older. The most rapid growth is among the elderly over age 80.

Longer life expectancy has resulted in more adults facing age-related issues, concerns, and decisions about self, aging relatives, and older clients. However, adults often lack needed information and skills. Many experience significant stress adjusting to age-related changes, and providing care to frail older persons.

Objectives

Adults will increase their knowledge about aging and family dynamics, identify the implications of age-related changes, and be able to apply information in concrete situations.

Plan of action

1983-85—Four Extension bulletins will be developed and made available to the public and practitioners: Helping the Memory-Impaired Elders: A Guide for Caregivers; Aging Parents: Helping When Health Fails; Families and Their Elders: A Guide to Legal Concerns; When Death Comes: Funeral Arrangements. Develop programs with agencies, hospitals, and long-term care facilities; training materials and a respite care program with Good Samaritan Hospital, Portland; a two-day Institute on Families and Aging for the Western Gerontological Society and a "Caregiver Track" for the 1984 Fall Training Institute in Portland; the annual OSU Gerontology Conference with the OSU Program on Gerontology. Offer program on Alzheimer's Disease.

1985-86—Prepare media focused on aging related concerns and family decisions. Ninety percent of Oregon counties will conduct programs on various aspects of aging and/or family relationships in later life. Make two Extension bulletins available to the public: Understanding Grief; The Nursing Home Decision; and coordinate a statewide gerontology conference.

1986-87—Develop and offer program on living arrangement options in later life; coordinate statewide conference.

Eighty percent of participants in programs will indicate they have identified at least one action they will take to improve their relationship with an older person and/or their ability to function more effectively as caregivers.

Evaluation

Evaluate program, Alzheimer's Disease and Related Disorders in Later Life. Develop evaluation for media in 1987. Consider for state impact study in 1988.

Contact

Vicki L. Schmall, Extension Gerontology Specialist, 161 Milam Hall, Oregon State University, Corvallis, OR 97331; (503) 754-3211.

STATE PLAN OF WORK AND EVALUATION PLAN—PENNSYLVANIA—082086

PA78—STRENGTHEN YOUR FAMILY—PENNSYLVANIA

Situation

Families, influenced by various societal conditions, strive to cope with the stress produced by change and to ground better function as primary socializing agents of the members. Families seek to develop an improved sense of cohesiveness and interdependence within the group and within the community.

Research indicates that families do care about the vitality and are intent on taking steps which lead to stronger family living. Research also reveals many of the processes that foster cohesiveness and interdependency. The processes can be learned and adapted by families, regardless of their structure, who participate in educational programs.

Objectives

Participants will identify their family strengths.

Participants will increase behaviors that demonstrate improved family functioning.

Plan of action

Strengthen Your Family is a multifaceted life span program for family members in a variety of settings. Programs targeted to specific audiences are delivered by multiple methods using volunteer professionals and agencies where appropriate. Methods include home learning, large group presentations, leader training support groups, meetings, newsletters, newspapers, pilot projects, radio-TV and workshops.

Programs are: Celebrate Your Family (young family), Celebrate Your Marriage (middle age), As Parents Grow Older (middle age), Celebrate Your Family Through 4-H (4-H clubs-groups), 4-H Family Time (under 8 child in family), Skip Generation (youth and elderly), Celebrate Your Family Through Recreation (any age family), Parent Education (families with children).

Evaluation

Programs will be evaluated using the evaluation design in Manual For Evaluating Strengthen Your Family Program. Benchmark data will be established in FY84 and used as a basis for establishing subsequent criteria.

Contact

James E. Van Horn, Extension Specialist, Task Force Chair, 204 Weaver Building, University Park, PA 16802; (814) 865-0455.

STATE PLAN OF WORK AND EVALUATION PLAN—PENNSYLVANIA—082086

PA96—YOUR NEW LIFE ALONE—PENNSYLVANIA

Situation

The growing number of older widows and a high divorce rate have resulted in an unprecedented number of adults who must learn to manage on their own. In 1980, there were 1,520,403 widowed, divorced, and separated Pennsylvania citizens over the age of fifteen. Of this group, 1,101,402 were women and 419,001 were men. The program is directed toward a subset of this population. That is, individuals who have been alone two years or less. Adults involved in the 34,972 divorces granted in Pennsylvania during 1980 would be part of the target audience.

Objectives

(1) Clientele will report increased knowledge about common grief reactions.
(2) Clientele will report indication of improve self-concept.
(3) Clientele will report increased confidence in their life skills.
(4) Clientele will adopt critical financial practices.

Plan of action

Counties will publicize and mail six learn-at-home packets of information to recently widowed and divorced adults who request the material. Workshops, additional information and consultation will be provided according to county needs.

Evaluation

An evaluation questionnaire, accompanying the last letter of the series will be used to measure changes in participants.

Contact

Barbara W. Davis or Marilyn M. Furry, 208 Armsby Building, University Park, PA 16802; (814) 865-5406.

STATE PLAN OF WORK AND EVALUATION PLANS—SOUTH DAKOTA—081686

SD71—COTTAGE INDUSTRY (RESOURCEFUL LIVING) RENAMED YOUR HOME BUSINESS—SOUTH DAKOTA

Situation

The state of South Dakota is experiencing the same economic, social, technological, cultural and consumer trends as the rest of the country because of changes in tax laws, deregulation of financial institutions, the national economy, interest rate changes, world and national markets, an increasing aging population, an increase in married women taking employment outside the home, changing family structures, limits on resources and the sift toward an electronic, information-based society.

In addition to adoption of more effective financial management and budgeting skills, adding of income helps families to meet family needs in a tight economy.

Many South Dakotans possess quality skills which can be effectively marketed out of the home to supplement family income. Many people who have marketable skills do not know the alternatives available to them nor the decisions necessary to pursue a home-based business.

Objectives

Four hundred and fifty people in 35 counties will learn decision making and technical information to help them decide whether to market skills they possess in areas of clothing, food, nutrition, housing, and hand work.

Fifteen percent will pursue the option of a home business; 10% will produce added family income of $200 a month or more; 10% will indicate interest in establishing a group cooperative; 5% will seriously pursue the cooperative option.

Plan of action

One day, multi-county workshops will be held in 10 sites with an interdisciplinary team of specialists providing information on the business aspects of marketing a skill as well as information on how to market skills in a home business.

Participants will be surveyed at the end of the day long program to see how many are interested in group activity, particularly establishing a cooperative. Request for assistance in group follow-up will be made from USDA's Agricultural Cooperative Service.

This program is part of a statewide thrust in home economics called Resourceful Living.

Evaluation

An impact study will be done on this program. An immediate post program evaluation will be administered the day of the Your Home Business Program; a follow up mail survey will be conducted one year following the progam to 100% of participants.

Contact

Linda Manikowske, Extension Clothing and Textile Specialist, HN Building, Box 2275A, SDSU, Brookings, SD 57007; (605) 688-6191.

STATE PLAN OF WORK AND EVALUATION PLANS—SOUTH DAKOTA—081686

SD72—FINANCIAL MANAGEMENT—SIMAW WORKSHOP—SOUTH DAKOTA

Situation

The state of South Dakota is experiencing the same economic, social, technological, cultural and consumer trends as the rest of the country because of changes in tax laws, deregulation of financial institutions, the national economy, interest rate changes, world and national markets, an increasing aging population, an increase in married women taking employment outside the home, changing family strucures, limits on resources and the shift toward an electronic, information-based society. All of these changes have an impact on the family that affects the present and will also affect their future resource management.

Because of the elimination of the Family Resource Management Specialist in a budget cut, the only state support in resource management is providing of teaching materials for SIMA, a money management workshop. This Plan of Work centers around expected use of those materials.

Objectives

More than 900 people in 34 counties will learn goal-setting, decision-making, budgeting and financial record-keeping skills by participating in the SIMA in-depth budgeting workshops; 80% of those completing the course will change attitudes in regard to financial management and 60% will adopt at least one recommended practice.

Plan of action

The plan of action includes a general educational meeting to introduce concepts in financial management and to motivate people to commit themselves to an in-depth series of five workshops, designed for couples to attend over a two-month period. The workshop participants use a set of workbooks to analyze and plan for their family situation. A teaching kit is available to county staff who conduct the course.

Evaluation

Since there is no specialist to provide leadership, no evaluation will be conducted of this program.

Contact

Dr. Barbara Froke, Program Leader, Family Living and Nutrition, Ag. Hall 127, Box 2207, SDSU, Brookings, SD 57007; (605) 688–5131.

STATE PLAN OF WORK AND EVALUATION PLANS—WASHINGTON—080986

WA54—WASHINGTON STATE FAMILY ROLES, RELATIONSHIPS, AND SUPPORT SYSTEMS

Situation

The family and society are constantly changing. These changes create new family forms, difficult situations, processes, and complex human needs. This project addresses selected family types and some of their related issues and concerns; step-, single-parent, and multi-generation families; and young adults and never married individuals.

Educational and informational programs on marriage, family living; and access to, and proper use of private and public support services.

Objectives

Design and deliver educational programs and learning situations through which: (a) Step-Families will gain improved understanding of the principles, and dynamics associated with successful step-family living; understand and adopt appropriate family member roles; learn and use effective interpersonal relationship information; know of and how to access community services; (b) Single-Parent Families will have improved knowledge and understanding of single-parenting; improve parenting knowledge and skills; adopt appropriate attitudes; develop enhanced problem-solving abilities, self-reliance, and personal competence; develop effective support family functioning well; (c) Multi-Generation Families will become more effective and cohesive by clarifying values, improving communication skills, and decision making abilities, more skillfuly facilitate the independence of their children; deal with the housing needs of family members appropriately; evaluate and select appropriate care services for their elderly; (d) Singles, couples, and families will obtain realistic set of expectations about marriage, parenthood, family life, sexuality, and relationships; improve skills in economic management; use community resources effectively; have improved attitudes about aging and the aged.

Plan of action

Agents and volunteers will be trained and will teach clientele. Materials will be prepared, i.e., teacher guides, publications, etc. Programs conducted via meetings, workshops, self-study courses, teaching packages, home visits, telephone conferences, and newsletters.

Evaluation

KASA changes will be determined by a variety of methods including end-of-meeting reports, check sheets, telephone interviews, and self-reports. Behavioral change will be determined in similar ways. Annual and end-of-program narratives are expected. Organized clubs and volunteers will report program results.

Contact

Kenneth E. Barber, Ph.D., Extension Sociologist, 301B Ag Sciences, Washington State University, Pullman, WA 99164; (509) 335–2511.

WISCONSIN—080786

WI19—WISCONSIN COMMUNITY REVITALIZATION

Situation

Change is a constant feature in most communities of Wisconsin. Unplanned change almost always reaches crisis proportions before the public becomes aware. The major changes which need to be recognized by community leaders include shifting of employment opportunities from goods to service producing industries; different labor skill demands of changing economic structure; health, housing, recreation and other needs of aging population; increased local public costs associated with a decentralizd population; inadequacy of the infrastructure to handle increased demand.

Revitalization of communities may begin with a single issue (housing, bus service, health care, industrial development, etc.) which is broadened into a more comprehensive concern, or with more generalized concerns about the community's future. In any case, people must be helped to assess their current resources, needs and goals. The result of a community analysis and revitalization effort may be further specific programs teaching people awareness of environmental issues, how to capitalize upon economic and other opportunities, to provide adequate housing, transportation, health care, and leisure services, to minimize crime, and to bring people into greater accord with one another and with local government.

Objectives

The objective of the Community Revitalization program is to assist communities with the following: (1) take stock of their strengths and weaknesses; (2) develop profiles of what now exist; (3) understand mandated or externally driven change; (4) make normative comparisons; (5) assess perceived problems and aspirations; and (6) organize for action. Methods:

Specific educational programs offered to local leaders interested in community revitalization include community consensus analysis, developing community profiles, assistance with trade area analysis, community economic analysis, community appearance survey and design, land use planning, and developing short- and long-term action plans.

Extension's increasing computer capability will play an important role in community analysis, allowing meaningful comparisons with other communities of similar characteristics, enhancing the educational experiences. Other methods include surveys, study groups, workshops and publications. Staff of the state Department of Development work cooperatively with Extension faculty on many aspects of community revitalization projects.

Evaluation

Evaluation plans for community analysis and revitalization programs include assessment of past educational experiences in four communities through the Reflective Appraisal Program approach; case studies on past efforts to organize 40 communities which have received comprehensive revitalization assistance.

Contact

Professor Robert N. Dick, Community Dynamics Institute, Rm. 533, 610 Langdon Street, Madison, WI 53706; (608) 263-2980.

STATE PLAN OF WORK AND EVALUATION PLAN—WEST VIRGINIA—080886

WV01—WEST VIRGINIA FAMILY LIFE

Situation

Violence, abuse and neglect are increasing in West Virginia families. An estimated 50 percent of all couples utilize physical violence to solve marital problems, and the abuse and neglect of elderly and children are accelerating. Family unrest yielded a 14 percent increase in the West Virginia divorce rate from 1946-1980 with 99.7 percent of these divorces involving families with children.

These occurrences in West Virginia families are felt to be heavily influenced by stress-generated situations such as: (1) unemployment (The May 1982 unemployment rate of 9.7 represented a 38 percent increase over May 1981); (2) accelerated number of families where more than one person is in the labor force; (3) climb in the occurrence of one-parent families resulting from an illegitimate birth and divorce; (4) inadequate preparation in parenting skills; (5) increased number of singles.

Objectives

For 4-H youth, parents and volunteer leaders to gain knowledge and learn skills in building positive personal and interpersonal relationships throughout various phases of the life cycle.

For 4-H youth, parents and volunteer leaders to gain knowledge of what comprises a strong family and develop skills in strengthening family units through demonstrating respect and appreciation for others, enhancing family communication, and involving all family members in decision making process.

Plan of action

State Extension Specialist to develop the major program concepts and support materials. Among specialists to be involved are: (a) Family Life and Personal Development, (b) Aging, (c) 4-H Programs, and (d) Health Education. The program and support materials are to be pilot-tested in 8–10 counties with the involvement of field staff in conducting the program.

Methods to be utilized include: (a) small group activities, (b) workshops, (c) conference/camp classes, and (d) individual projects. Among support materials planned are 3-4 page leaflets designed for 4-H club groups, leader guide sheets and/or manuals and possibly audio tapes.

Evaluation

A study of all participants in the program is to be conducted in 1987 and will include evaluation relative to knowledge change and skills learned.

Contact

Annette S. Boggs, Extension Specialist, 4-H Programs, Potomac State College, Keyser, WV 26726-304, 788-3118.

Roma G. Adkins—Extension Specialist, Weston Area Office, P.O. Box 429, Weston, WV 26452-304; 296-6681.

FOOD SAFETY AND INSPECTION SERVICE

REACHING OLDER AMERICANS WITH FOOD SAFETY INFORMATION

The Food Safety and Inspection Service (FSIS) recognizes the importance of reaching older Americans with food safety information because of their increased risk of illness from food-borne disease.

FISCAL YEAR 1987 ACCOMPLISHMENTS

FSIS developed an education program for institutional food service workers. One of our first target audiences to receive information about the program was nursing homes. Nursing homes were identified as a priority because of the danger of its patients would face should there be a large-scale food-borne illness outbreak.

Working with the White House Office on Aging, copies of the revised FSIS publication *Meat and Poultry Labels Wrap It Up* were distributed to each state Office on Aging. This free publication is a valuable resource to older Americans who often need to monitor their diet because of health concerns.

FISCAL YEAR 1988 INITIATIVES

The Spring issue of the FSIS magazine *Food News for Consumers* will feature an article entitled, "When an Older Person Needs Help in the Kitchen." This article explains why older persons are susceptible to food poisoning; how food handling problems result from the aging process; how to recognize when someone needs assistance; and provides a chart of useful tips for handling food safely.

Food News for Consumers is distributed to 1,500 food and health writers. It also has a paid subscription list.

FOOD AND NUTRITION SERVICE

COMMODITY SUPPLEMENTAL FOOD PROGRAM: ELDERLY PARTICIPATION

LEGISLATION

The Agriculture and Food Act of 1981 (Public Law 97-98), enacted on December 22, 1981, authorized the Secretary of Agriculture to institute two pilot feeding projects for low-income senior citizens as an extension of the Commodity Supplemental Food Program (CSFP). A Continuing Resolution (Public Law 97-276), enacted on October 2, 1982, directed the Secretary to establish a third project. The three original projects operate in Detroit, Michigan; New Orleans, Louisiana; and Des Moines, Iowa. The projects have been providing commodity supplemental food to low-income elderly persons since the latter part of 1982.

Legislation to allow for the expanded distribution of commodity foods to elderly persons through all currently operating CSFP sites was enacted on December 23, 1985. Public Law 99-198 directed the Secretary to: (1) establish eligibility criteria for the expanded participation of low-income elderly persons in the CSFP: and (2) establish procedures to allow currently operating CSFP sites to serve elderly persons as long as service levels for women, infants and children are not restricted.

PROJECT DESCRIPTION

The provision of commodity supplemental foods to low-income senior citizens under the CSFP began under pilot projects. The projects were designed to test the feasibility of directly distribution U.S. Department of Agriculture (USDA)-purchased commodities to low-income elderly persons. As of Fiscal Year 1985, the projects were providing over 19,000 food packages per month to program participants. In accordance with legislative mandate, elderly feeding under the CSFP has been expanded. Currently, eleven CSFP State agencies (Kentucky, North Carolina, Tennessee, Michigan, Louisiana, Colorado, Iowa, Nebraska, Arizona, California and the District of Columbia) provide program services to the elderly. Persons who are categorically eligible to participate in the program (60 years of age or older) must also have a family income at or below 130 percent of Federal Poverty Income Guidelines. In addition, at the State agency's option, such persons may be required to undergo a nutritional risk assessment and meet a residency requirement as part of the eligibility determination process.

As of August 1987, over 72,800 seniors were being provided food packages. These food packages are distributed on a monthly or bi-monthly basis and consist of: evaporated milk, instant nonfat dry milk, farina, egg mix, peanut butter or dry beans, meat/poultry, vegetables and/or fruit, juice, dehydrated potatoes and the following items, if available and requested by the State agency: cheese, butter, honey and rice. Elderly participants receive nutrition education in addition to supplemental foods. Other benefits, such as counseling and referral services, may also be available.

States are encouraged to provide program benefits to the elderly who are homebound due to mental or physical incapacities or lack of adequate transportation. States are also encouraged to involve the private sector and local community volunteers to increase available services for the elderly and enhance cost effectiveness.

In order to assist CSFP operators in the administration of program services to the elderly, the Department has developed a handbook which provides in detail descriptions of State and local agency responsibilities with regard to commencing and maintaining program services to the elderly. The information provided in the handbook is based mainly on the experience gained through the administration of the three pilot projects.

FUNDING

For the period Fiscal Year 1982 through Fiscal Year 1986, afte which CSFP funds were not specifically earmarked for elderly service, a total of approximately $10,500,000 was provided for elderly services under the CSFP. Since then, expenditures for the elderly have increased, but they are not separately identifiable within overall CSFP expenditures.

NUTRITION PROGRAM FOR THE ELDERLY (NPE)

PROGRAM DESCRIPTION

Through the Food Distribution Program (FDP), the U.S. Department of Agriculture (USDA) donates foods and cash in lieu of foods to help meet the nutritional needs of the elderly. Specifically, the FDP serves elderly Americans through the NPE which is administered by the U.S. Department of Health and Human Services (HHS). The NPE is authorized under the Older Americans Act of 1965, as amended, to provide for social services and nutritious meals for elderly people. HHS gives grants to State Agencies on Aging, which designate Area Agencies on Aging (AAA) to plan and coordinate the nutrition program through providers of nutrition service at the local level.

The State Agencies on Aging request USDA donated foods, cash in lieu of foods, or a combination of both to use in providing meals to the elderly at various sites. The amount of food or cash that USDA gives each State is based on the number of meals served in the program and the level of assistance per meal authorized by legislation. Total program costs also are limited by authorizing legislation and appropriations. Initially, USDA support of the program was provided in donated foods. This assisted USDA in its price support and surplus removal activities as well as provided direct support for the meals served in the program. However, once legislation authorized cash in lieu of donated foods, the program increasingly became a cash transfer program. In fact, presently only five percent of USDA meal support is provided in donated foods.

Nutrition services are provided in schools, community centers, churches, public housing and other places located within walking distance of the homes of the majority of local elderly people. The AAAs provide nutritious, well-balanced meals at least once a day, 5 or more days a week. The AAAs will also provide transportation to and from the sites for those who need it, when possible. Similarly, the AAAs will provide home-delivered meals at least once a day, 5 or more days a week, when possible, to older people who are homebound.

Eligibility requires only that persons be 60 years of age or older to participate in the program. Their spouses, regardless of age, may participate. In addition, while each provider of nutrition service suggests appropriate contributions based on local economic conditions, each person decides what he or she can contribute toward the cost of the meal. The meals are free to eligible persons if they are not able to make a contribution.

Additionally, USDA offers food assistance to elderly people through the Food Distribution Program for charitable institutions (e.g., soup kitchens and nursing homes). The elderly may also receive available surplus foods through the Temporary Emergency Food Assistance Program. These two programs do not restrict any person participating based upon age; economic need is the only requirement.

Fiscal Year 1988 Operations

To further encourage the use of commodities in the NPE, USDA's Food and Nutrition Service is conducting a pilot project which allows the AAAs to make their own cash and/or commodity elections. The elections made by the AAAs are independent of the elections made by the States under the NPE. There are 25 AAAs participating nationwide in this pilot project. The AAAs must elect at least 20 percent of their entitlement level in commodities to be eligible for participation. In addition to introducing commodities to AAAs which have traditionally received cash under some State NPE systems, this pilot project will demonstrate the many advantages of receiving USDA commodities as opposed to purchasing food on the open market with cash.

USDA has also entered into a cooperative agreement with the National Association of Nutrition and Aging Services Programs (NANASP) to provide a comprehensive overview of the NPE to service providers for the aging. The cooperative agreement is comprised of three parts: (1) a training manual containing a vast amount of information on NPE operations, Federal and State roles in the NPE, advantages to using USDA commodities, etc.; (2) Regional and State workshops to introduce and discuss the purpose of the cooperative agreement; and (3) State and local meetings to resolve specific NPE concerns and provide one-on-one technical assistance.

FOOD STAMP PROGRAM

PROGRAM DESCRIPTION

Under the Food Stamp Program, the Federal Government funds and State agencies issue food stamps to supplement the food buying power of eligible low-income households. The program provides monthly benefits to low-income households to help them purchase a nutritionally adequate diet. In order to qualify for the program, households must meet financial and nonfinancial eligibility requirements. In the summer of 1985 (the last months for which we have this kind of data), 1.7 million people 60 years or older received food stamps monthly. They comprised 8.9 percent of the caseload. The average benefits per person in households with at least one elderly member were $31 a month.

Although the Food Stamp Program is designed to serve all eligible low-income households, there are four provisions which make it easier for elderly people to meet the program's eligibility requirements: (1) elderly people only have to meet a net income test while other low-income people must also meet a gross income test, (2) elderly people are able to deduct any medical expenses that exceed $35 a month in order to lower their net income, (3) elderly people have no cap on their shelter deductions while other people do, and (4) elderly people can have twice as much ($3,000) in resources as other needy people ($1,500). The Food Stamp Program also includes several accessibility features especially for the elderly, such as applications for food stamps in social security offices, home or telephone interviews, authorized representatives for certification and issuance, exemptions from periodic reporting and work requirements, and a broader household definition.

FOREST SERVICE

PROGRAMS SERVING THE ELDERLY

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

The U.S. Department of Agriculture, Forest Service, through an Interagency Agreement with the Department of Labor, sponsors the Senior Community Service Employment Program (SCSEP), which is authorized by Title V of the Older Americans Act, as amended. The SCSEP has three fundamental purposes: (1) part-time income for disadvantaged elderly, (2) training and transition of participants to the private sector labor market; and (3) community services to the general public. This program employs economically disadvantage persons aged 55 older in 38 States, the District of Columbia, and Puerto Rico. The SCSEP seeks to improve the Welfare of underprivileged, low-income elderly, and to foster a renewed sense of self-worth and community involvement among the rural elderly.

Program participants are involved in projects on National Forest lands such as construction/rehabilitation, maintenance, and natural resource improvement work. Participants receive at least the minimum wage to supplement their personal income. A major benefit of the SCSEP program is the opportunity participants have to regain a sense of involvement with the mainstream of life through meaningful work. Additionally, valuable conservation projects are completed on National Forest lands.

The Forest Service's Interagency Agreement for July 1, 1986, to June 30, 1987, provided $20.8 million which employed 5,795 seniors; 22 percent were minority and 36 percent were women. Approximately 16 percent of the participants were placed in unsubsidized jobs. The estimated value of the contributions of SCSEP participants to the Forest Service is over $33 million dollars or a return of approximately $1.50 for each dollar invested in this program.

VOLUNTEERS IN THE NATIONAL FORESTS

The Volunteers Program offers individuals from all walks of life the opportunity to donate their services to help manage the nation's natural resources. This program continues to grow in popularity as people realize how they can personally help carry out natural resource programs. Volunteers assist in almost all Forest Service programs or activities except law enforcement and the collection of fees. They may choose to work in an office at a reception desk, operate a computer terminal, or conduct natural history walks and auto tours. Volunteers may also be involved in outdoor work such as building trails, maintaining campgrounds, and improving wildlife habitat.

During fiscal year 1987, approximately 6,000 persons aged 55 above volunteered their services in the National Forests.

HUMAN NUTRITION INFORMATION SERVICE

In the Human Nutrition Information Service (HNIS) the major activity on aging is the Nationwide Food Consumption Surevey (NFCS) which collects information on food and nutrient intakes for people of all ages, including the elderly population. These data can be compared with the earlier 1977–78 data to see if there have been changes in the dietary intakes of elderly citizens. From studies of the data, information is developed and interpreted such as that published in the attached scientific report, "When, where, with whom and what older Americans eat" by B.B. Peterkin, R.L. Rizek, L.P. Posati, and S.S. Harris, Gerondontics 1987: 3: 14–19.

Popular publications with how to information for eating foods that make up nutritionally sound (healthy) diets are also produced. An example is "Thrifty Meals for Two: Making Food Dollars Count" geared toward the elderly. This publication provides ideas on how people, especially older couples, can plan economical menus. It gives 2 weeks of sample menus, plus over 40 recipes proportioned for two people. The recipes are moderate in fat, sugar, and sodium and each recipe gives calories per serving.

ITEM 2. DEPARTMENT OF COMMERCE

JANUARY 15, 1988.

DEAR MR. CHAIRMAN: Thank you for your letter regarding the Department of Commerce (DOC) programs pertaining to older Americans.

Enclosed is our report for 1987. The DOC does not administer any Department-wide activities regarding older citizens. However, our report includes relevant programs that are of benefit to the older population and should be included in the Developments in Aging: Volume II.

If you need further information, please have a member of your staff call Ms. Cynthia Taeuber, Population Division, on 763-7883.

Sincerely,

C. WILLIAM VERITY,
Secretary of Commerce.

Enclosure.

BUREAU OF THE CENSUS

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OTHER REPORTS, PAPERS, DATA BASES, AND CONTINUING WORK

I. The Federal Interagency Forum on Aging-Related Statistics:

The Census Bureau is one of the lead agencies in the Federal Interagency Forum on Aging-Related Statistics (The Forum), a first-of-its kind effort. The Forum encourages cooperation among Federal Agencies in the development, collection, analysis, and dissemination of data on the older population. Through cooperation and coordinated approaches, The Forum extends the use of limited resources among agencies through joint problem solving, identification of data gaps and improvement of the statistical information bases on the older population that are used to set the priorities of the work of individual agencies. The participants are appointed by the directors of the agencies and have broad policy-making authority within the agency. Senior subject-matter specialists from the agencies are also involved in the activities of The Forum. The Forum is co-chaired by Dr. John G. Keane, Director, Bureau of the Census, Dr. Manning Feinleib, Director, National Center for Health Statistics, and Dr. T. Franklin Williams, Director, National Institute on Aging. There is also an Oversight Committee of directors of member agencies to enable agency directors to stay closely involved with the issues studied by The Forum. The Oversight Committee of Agency Directors is chaired jointly by Drs. Keane, Feinleib, and Williams. Directors from three additional agencies participate in the Oversight Committee on a rotating basis. For 1987–88 they are: William Roper (Department of Health and Human Services), Janet L. Norwood (Bureau of Labor Statistics), and Dr. Robert Helms (Department of Health and Human Services).

At the initial meeting of The Forum, held October 24, 1986, it was agreed that The Forum would work at activities such as the following: (1) identify data gaps, potential research topics, and inconsistencies among agencies in the collection and presentation of data related to the older population; (2) create opportunities for joint research and publications among agencies; (3) improve access to data on the older population; (4) identify statistical and methodological problems in the collection of data on the older population and investigate questions of data quality; and (5) work with other countries to promote consistency in definitions and presentations of data on the older population.

There are three standing committees that were established to carry out specific activities: (1) Data Needs and Analytic Issues, chaired by Joan Van Nostrand (National Center for Health Statistics); (2) Methodological Issues, chaired by Richard Suzman (National Institute on Aging); and (3) Data Presentation and Dissemination, chaired by Cynthia Taeuber (Bureau of the Census).

The work of The Forum will facilitate the exchange of information about needs at the time new data are being developed or changes are being made in existing data systems. It also works to promote communication between data producers and policy makers.

As part of The Forum's work to improve access to data on the older population, the Census Bureau has published a telephone contact list of major agencies and staff who work on specific aspects of aging-related statistics.

II. Projects Between the Census Bureau and the Administration on Aging:

A report titled "Guide to 1980 Census Data on Elderly," has been published. This guide explains how to locate census data on the older population. The report reviews census products, services, and explains how to obtain them. The report has table outlines from the census publications and summary tape files to show the specific form of data available about the older population.

III. Projects Underway Between the Census Bureau and the National Institute on Aging:

a. The Census Bureau prepared special tabulations from the 1980 census for the National Institute on Aging. These tabulations include selected tables from Summary Tape 5 retabulated with 5-year age groups from 60 years to 85 years and over. These tabulations also include other selected tabulations from the 1980 census. The University of Michigan archives these tabulations (Mr. Michael Traugott, 313-764-2570).

b. Developed an international data base on the older population for 31 countries. The University of Michigan archives this data base (Mr. Michael Traugott, 313-764-2570).

c. Established a joint Visiting Scholar Program to allow scholars to do research in residence at the Census Bureau.

d. Study of the quality of census data on the elderly includes an evaluation of coverage, age misreporting, estimate of centenarians, and so forth.

e. Preparation of a file from the Survey of Income and Program Participation (SIPP) on the health, wealth, and economic status of the older population. The SIPP file is nearly completed and will soon be archived at the University of Michigan.

f. Report on most important data on the older population produced by Census Bureau in previous year.

IV. Papers Written Using the International Data Base on Aging:

Two papers written partly using data from the International Data Base on Aging in October 1986:

a. "A Comparative Study of the Economics of the Aged," presented at the Conference on Aged Populations and the Gray Revolution in Louvain, Belgium. Ms. Barbara Boyle Torrey and Mr. Kevin Kinsella of the Bureau of the Census and Mr. Timothy Smeeding of the University of Utah are the authors of this paper. The paper presents estimates of how social insurance programs for the aged have grown as a percentage of gross domestic product in several countries partly as a result of lowering retirement age and an increase in real benefits. It then discusses how the labor force participation of the aged in these countries has uniformly declined. Finally, it examines what contribution the social security benefit makes to the total income of the aged at present and how the average income of the aged compares to the average national income in each country.

b. "The Oldest Old—International Perspectives," submitted as a chapter in a future Oxford University Press publication. Ms. Barbara Boyle Torrey and Mr. Kevin Kinsella of the Bureau of the Census and Mr. George Myers of Duke University are the authors of this paper. The paper focuses on three topics related to the oldest old (80+) in eight countries. The topics discussed are demographic trends, marital status and living arrangements, and income. The paper shows cross-country comparisons and trend data on the above topics for the period 1985 to 2025.

c. "An Aging World" has been published in International Population Reports, Series P-95, No. 78.

ITEM 3. DEPARTMENT OF DEFENSE

DECEMBER 8, 1987.

DEAR MR. CHAIRMAN: Your letter of September 26, 1986, asked for a report from the Department of Defense chronicling activities on behalf of older Americans.

It is hoped that the enclosed report will be of value in this important program area of concern to us all. Should further information be desired a point of contact on this staff is Larry Kirsch on 697-5421.

Sincerely,

CLAIRE E. FREEMAN,
Deputy Assistant Secretary of Defense
(Civilian Personnel Policy).

Enclosure.

1987 REPORT: DEVELOPMENTS IN AGING

This Department continues to operate a comprehensive retirement planning program for Defense Federal Service employees. Integrated into the overall personnel management process, our program is designed primarily to assist employees in their adjustment to retirement and to assist management in planning for replacements to meet future work force needs. The program encourages extensive pre-retirement counseling for employees (and their spouses in many instances) on such subjects as financial planning, health needs, leisure time activities, living arrangements and personal guidance. Recent training emphasis has been given on medicare and social security issues. The program also includes trial retirement and gradual retirement options for employees where feasible. We believe our program helps alleviate many of the problems that employees have encountered in the past when approaching retirement age. We expect to continue operation of this program in 1988.

The Military Departments and the Defense Agencies, in cooperation with community health officials, continue to provide a number of occupational health programs and services to employees, and in some cases, to former employees who have retired. Many of these programs and services are designed to address problems generally associated with increasing age. Included are health guidance and counseling, periodic testing for diseases and disorders, immunizations, and treatments.

A number of members of the faculty at the Uniformed Services University of the Health Sciences are engaged in research which may benefit older Americans. During 1987 the following members of the Faculty have developed reports on their research: Prabir K. Chakraborty, Ph.D., Janine L. Brown, Ph.D., Cindy C. Wilson, Ph.D., Jack E. McKenzie, Ph.D., Rolf Bunger, M.D., Joe M. Dabney, Ph.D., David E. Dobbins, Ph.D., Francis J. Haddy, M.D., Ph.D., Motilal B. Pamnani, M.D., Ph.D. The literature will be provided on request of the University at 4301 Jones Bridge Road, Bethesda, Maryland 20814-4799.

Within the Department of Defense, we continue to eliminate discrimination based upon age. On a continuing basis we are examining personnel policies, practices, and procedures for possible conflict with equal employment opportunity intent, including discriminatory use of age.

In summary, this Department has operated a comprehensive retirement planning program for civilians, provided extensive health care services to employees and carried out a positive program to preclude discrimination based on age. These program efforts will be continued in 1988.

ITEM 4. DEPARTMENT OF EDUCATION

DECEMBER 11, 1987.

DEAR MR. CHAIRMAN: Enclosed please find the U.S. Department of Education's fiscal year 1986 report chronicling activities on behalf of older Americans.

Secretary Bennett is pleased to transmit this summary for inclusion in the Committee report entitled "Developments in Aging."

If the Office of Legislation can be of further assistance, please let me know.

Sincerely,

FRANCES NORRIS,
Assistant Secretary.

Enclosure.

ADULT EDUCATION

The U.S. Department of Education is authorized under the Adult Education Act, Public Law 91-230, as amended, to provide funds to the States and outlying areas for educational programs and support services benefiting all segments of the eligible adult population. The purpose of the Act, which was reauthorized in 1984 for 4 years, is to encourage the establishment of programs of adult education that will enable adults 16 years of age or who are beyond the age of compulsory school attendance under State law.

(1) to acquire basic skills needed to function in society; and

(2) to continue their education until completion of the secondary level, if they so desire.

Those adults who have completed the secondary level but are functioning at a lower level are eligible to participate in the program. Students seeking employability skills are also given the means to secure training which will help them to become more employable, productive, and responsible citizens. Federal funds support up to 90 percent of each State's program and up to 100 percent of the program in outlying areas. At least 10 percent of each State's allotment must be used for special experimental demonstration projects and teacher training. In addition to the State administered program, the Act authorizes support for applied research, development, demonstration, dissemination, evaluation, and related activities which will contribute to the improvement and expansion of adult education. These activities may include improving adult education opportunities for elderly individuals and adult immigrants.

In order to discuss the specifics of the efforts aimed at older adults, one must first be aware of the demographic changes which have a profound impact upon the efforts. According to the 1980 census, the median age of the population in that year was 30.1 years. By 1990, the median age is expected to rise to 33 years. This "graying" of the U.S. population will inevitably continue for several decades after 1990.

The education of older persons has rarely ranked high as an educational priority in the United States, although the 1970's may well be considered the decade of growth in educational gerontology. Demographics have tended to make this development inevitable. Nearly half of the 15.6 million adults 70 years old and over, and about 36 percent of the 8.6 million adults age 65 to 69 have had 8 years of schooling or less (1980 census data). Such a high incidence of under-education indicates a need for emphasizing effective basic and coping skills in programs for older adults.

The adult education program, which is administered by the Office of Vocational and Adult Education is charged with addressing these needs. In 1986, the total number of participants in the program was 3.0 million. The number of participants in the 45 to 59 year range was estimated to be 354,279 and that of the group 60 or older was 233,626. Currently, some 19.04 percent of persons in adult education programs are 45 years of age or older. According to 1982 census data, nearly one-third of all adult illiterates are aged 60 or over. In response to this, the Department of Education has launched a National Adult Literacy Initiative which focuses on this serious problem.

The adult education program addresses the needs of older adults by emphasizing functional competency rather than grade level objectives. Special projects improve services for older persons through individualized instruction, use of media, home-based instruction, and through curricula focused on coping with daily problems in maintaining health, managing money, using community resources, understanding government and participating in civic activities.

Equally significant is the expanding delivery system, including radio, television, and courses by newspaper, as well as clearinghouses and satellite centers designed to overcome barriers to participation. Where needed, supportive services such as transportation and lunch are provided as well as outreach activities adapting to the life situations and experiences of older persons. Self-learning preferences are recognized and assisted by providing information guidance and study materials. To reach more older persons adult education programs go into senior centers, nutrition programs, nursing homes, retirement centers, and day care centers.

In conclusion, the national adult education program will continue to seek to meet the learning needs of a growing number of older Americans. Increased cooperation among the organizations, institutions and community groups involved in this area at national, State, and local levels should lead to increased sharing of resources and improved services.

VOCATIONAL EDUCATION

One of the demonstration programs authorized by Title IV, Part B, of the Carl D. Perkins Vocational Education Act is a discretionary grant program for the operation of Model Centers for Vocational Education for Older Individuals. The purpose of these centers is to focus greater attention on the special vocational education needs of older individuals and promote employment opportunities for them by:

(1) providing training or retraining to update their skills;

(2) providing assistance with later-life career changes, particularly to older displaced homemakers;

(3) providing information, counseling, and support services to help them obtain employment;

(4) encouraging providers of vocational education to offer more job training opportunities for older individuals; and

(5) promoting the training of paraprofessionals in gerontology and geriatrics.

This demonstration program has not been funded to date.

ENFORCEMENT OF THE AGE DISCRIMINATION ACT BY THE DEPARTMENT OF EDUCATION

The Department of Education's (ED) Office of Civil Rights (OCR) is responsible for enforcement of the Age Discrimination Act of 1975 (Act), as it relates to discrimination on the basis of age in federally funded education programs or activities. The Act contains certain exceptions which permit, under limited circumstances, continued use of age distinctions or factors other than age that may have a disproportionate effect on the basis of age.

The general governmentwide regulation for enforcement of the Act was published by the former Department of Health, Education, and Welfare (DHEW) on June 12, 1979, at 45 CFR Part 90, and was effective July 1, 1979. OCR is enforcing the Act under the general governmentwide regulation until an ED specific regulation is published. An ED specific regulation for implementing the Act was submitted by OCR to other components in the Department for review and comment. During FY 1987, the proposed regulation was revised in light of comments by other ED components and in light of the President's mandate for deregulation. The redrafted regulation currently is under review by OCR. Once the ED specific regulation is finalized, it will be forwarded to the Secretary of Education for submission to the Secretary of Health and Human Services and, subsequently, to the Office of Management and Budget. After their review and approval, the final ED specific regulation will be published in the Federal Register.

The Act gives OCR the authority to investigate all programs or activities receiving Federal financial assistance that provide student services. OCR does not have the authority to investigate employment complaints under the Act. Employment complaints either are sent to the Equal Employment Opportunity Commission (EEOC), which has jurisdiction under the Age Discrimination in Employment Act of 1967 (ADEA) for certain types of age discrimination cases, or are closed using the DHEW governmentwide procedures described below.

Under those procedures, OCR screens complaints alleging age discrimination to determine whether it has jurisdiction, and forwards any age complaints with service issues to the Federal Mediation and Conciliation Service (FMCS) for resolution through mediation. FMCS has 60 days to mediate the age-only complaints or the age portion of multiple-based complaints. Complaints filed solely on the basis of age are not subject to the time frames for processing complaints imposed on OCR by the U.S. District Court in *Adams* v. *Bennett (Adams),* Civil Action No. 3095-70 (D.D.C. December 29, 1977, as modified January 17, 1985). For complaints alleging discrimination on the basis of age and another jurisdiction (i.e., Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, and national origin; Title IX of the Education Amendments of 1972, which prohibits discrimination on the basis of sex; and/or Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of physical and mental handicap), the applicable *Adams* time frames are tolled for 60 days (or until the complaint is returned from FMCS, whichever is earlier) to allow FMCS to process the age portion of the case. OCR notifies the complainant(s) of the duration of the tolling of the time frames.

If FMCS is successful in mediating a complaint filed solely on the basis of age within the 60 days allowed, OCR closes the case. If the case is not resolved, OCR begins processing the case by engaging in informal factfinding. If the case is not resolved during that phase, the case is then subject to a full scale investigation by OCR. If the case was filed on the basis of age and another jurisdiction (e.g., Title VI), an attempt first is made by FMCS to mediate the age portion of the case as described above. If FMCS is successful in mediating the age portion of the case within the 60 day time limit, OCR then processes the other allegations in the complaint within the applicable *Adams* time frames. If FMCS is not successful in mediating an agreement between the complainant and the recipient on the age portion of the complaint, the case is returned to OCR, and OCR processes the complaint allegations in accordance with the applicable *Adams* time frames.

Age complaints involving employment filed by persons between the ages of 40 and 70 are referred to the appropriate EEOC regional office under the ADEA, and the OCR file is closed. EEOC does not have jurisdiction over age/employment complaints that involve persons under 40 or over 70 years of age. If the complainant is under 40 or over 70 years of age and the complaint filed with OCR alleges only employment discrimination, the complainant is informed that there is no jurisdiction under the ADEA, and the case is closed.

Some complaints that involve not only age employment allegations but also employment allegations under another jurisdiction within OCR's authority (e.g., Title VI and Title IX) may be referred to EEOC for investigation. The January 17, 1985, *Adams* order permits OCR to refer to EEOC certain cases alleging individual, as opposed to systemic, employment discrimination under Title VI and Title IX. On February 22, 1985, OCR issued guidance to its regional offices for determining whether the Title VI and Title IX aspects of the complaint should be referred or retained.

Even though it has jurisdiction, OCR may close an age complaint if another agency is processing the case and OCR determines, based on criteria in its Investigation Procedures Manual, that duplication of effort is not warranted. For example, if the Justice Department is in the process of litigating against the same institution on the same or a related issue, the two Departments could determine that, to avoid duplication of effort, the Justice Department will take full responsibility for the complaint. OCR also may close the case under an agreement with another agency, which provides that the other agency will assume full responsibility for the investigation, negotiation, and final resolution of the complaint.

OCR received 53 age-only complaints in FY 1987, 12 of which were forwarded to FMCS for mediation. Two of the 12 cases were successfully mediated by FMCS. These two cases involved the issues of "selection for enrollment in education programs" and "student discipline." Seven of the 12 cases were not mediated successfully and were returned to OCR for processing. One of the seven cases was closed for administrative reasons (e.g., complaints were not timely because they were submitted after the filing date in the applicable regulation); the remaining six cases were still under investigation by OCR at the end of the fiscal year. The issue most frequently cited in these seven cases was "selection for enrollment in education programs." There were three age-only complaints pending at FMCS at the end of FY 1987.

OCR closed 51 age-only complaints in FY 1987, some of which had been received in previous fiscal years. Twenty-two of the complaints closed were referred to other agencies for processing; 12 were closed for lack of jurisdiction; and 7 were closed for administrative reasons. Nine cases were investigated by OCR and resulted in no violation findings. One complaint was resolved with corrective action on the part of the recipient. There were 11 age-only cases pending in OCR at the end of FY 1987.

In FY 1987, OCR received 75 multiple-bases age complaints. Of those, 21 were forwarded to FMCS for processing. Two multiple-bases complaints were successfully mediated by FMCS. The issues cited in these cases were "student rights," "financial assistance," and "academic evaluation/grading." Eighteen multiple-bases cases were not resolved successfully by FMCS and were returned to OCR for processing. One of the 18 was closed with remedial action; 7 were investigated, and no violations were found; 3 were closed for lack of jurisdiction; 1 was closed for administrative reasons; and 6 were still pending at the end of FY 1987. The issues cited most frequently in these cases were "procedural requirements," and "selection for enrollment in education programs." There was one multiple-bases age complaint pending at FMCS on September 30, 1987.

OCR closed 83 multiple-bases age complaints in FY 1987, some of which had been received in previous fiscal years. Twenty-seven of the cases were referred to EEOC or other agencies for processing and closed by OCR; 16 were closed for lack of jurisdiction; 18 were administrative closures; 12 cases were investigated, and no violations were found; and 10 complaints were closed with corrective action on the part of the recipient. Of the ten closures resulting in change, the issues cited most frequently were "assignment of students," "financial assistance," and "student discipline." There were 13 multiple-bases age complaints pending on September 30, 1987.

The 128 cases containing age as an issue represented approximately 6.5 percent of the total complaints received by OCR during FY 1987. Thirty-three complaints were referred to FMCS for mediation, four of which were mediated successfully. OCR confined its age discrimination compliance activities to complaint investigations, conducting no compliance reviews on age discrimination issues in FY 1987.

The number of age related complaints received decreased from 167 in FY 1986 (51 age-only and 116 multiple-bases) to 128 in FY 1987 (53 age-only and 75 multiple-bases). In addition, the number of age related cases pending in OCR decreased from 43 at the end of FY 1986 (17 age-only and 26 multiple-bases) to 24 at the end of FY 1987 (11 age-only and 13 multiple-bases).

REHABILITATION SERVICES ADMINISTRATION

Basic vocational rehabilitation programs

The State-Federal program of vocational rehabilitation is designed to provide a wide variety of services to handicapped adults for the purpose of placing them into gainful employment. Clients of State rehabilitation agencies can be of any age from the teenage years and older. Although the mean age at referral of persons vocationally rehabilitated in fiscal year 1985 (the latest year for which such data are available), was 32.6 years, 10.4 percent of these persons were 45 to 54 years old, 6.2 percent were 55 to 64 years old and 2.7 percent were 65 years old and over. The total number of persons of all ages rehabilitated in fiscal year 1985 was 227,652. Age is not a barrier to eligibility for services for older disabled persons who wish to work.

Discretionary programs

The Vocational Rehabilitation Services Administration also administers grants for a number of discretionary programs in which older Americans may be served, such as, Special Projects for Severely Disabled Individuals, Special Recreation Programs and Centers for Independent Living Projects. The data on the actual number of older Americans served in these programs however, are not available.

One program, which specifically focuses on older persons, is the Independent Living Services for Older Blind Individuals program.

This program was funded for the second time in fiscal year 1987.

The purpose of these projects is to provide or arrange for independent living rehabilitation services needed by older blind individuals, including persons with severe loss of vision, in order for them to adjust to blindness by becoming more independent in caring for their individual needs. Such services will enable older blind individuals to live more independently in their homes and communities with the maximum degree of self-direction.

The population to be assisted by projects under this program are defined by statute as individuals who are 55 years of age or older for whom because of blindness or severe visual impairments, gainful employment would be extremely difficult to attain. However, independent living services are both feasible and appropriate for this population in that such services can have a lasting and permanent impact toward increasing personal independence as well as more active or continued participation in family and community life.

One successful outcome of this program would be to reduce the risk of premature or unnecessary institutionalization for participating individuals.

In fiscal year 1987, this program funded 26 new projects. The average grant award was about $200,000.

NATIONAL INSTITUTE ON DISABILITY AND REHABILITATION RESEARCH

The National Institute on Disability and Rehabilitation Research, authorized by Title II of the Rehabilitation Act, has specific responsibilities for the provision of a comprehensive and coordinated approach to the administration of research, demonstration projects and related activities for the rehabilitation of disabled persons, including programs designed to train persons who provide rehabilitation services and persons who conduct research. The Institute is also responsible for facilitating the distribution of information on developments in rehabilitation procedures, methods and devices to rehabilitation professionals and to disabled individuals to assist such individuals in living more independent lives. The Institute's programs which impact on the aging population include:

REHABILITATION RESEARCH AND TRAINING CENTERS

These centers serve as a national resource for the conduct of a full spectrum of rehabilitation research activities. Research is conducted in settings where patient/client services, research and training are viewed as interdependent activities essential to maximizing the rehabilitation of disabled individuals. The rationale for this operational approach is the belief that research cannot be isolated and still be effectively utilized.

Rehabilitation Research and Training Centers on Aging—In response to an increased public concern about the lack of rehabilitation services for the older disabled population, the National Institute on Disability and Rehabilitation Research supports two centers which focus on rehabilitation of aging persons. Research is directed toward the identification of the rehabilitation needs of elderly persons and the development of appropriate rehabilitation techniques. These centers are as follows:

—Rancho Los Amigos Rehabilitation Research and Training Center on Aging, Rancho Los Amigos Medical Center, University of Southern California, Downey, California. This Center, established in 1980, is a collaborative effort between the Rancho Los Amigos Rehabilitation Hospital, and the School of Medicine of the University of Southern California. Research is focused on comprehensive and coordinated physical, psychological, social and vocational rehabilitation techniques and modalities, including new technology, directed toward restoring, preserving or enhancing the older disabled person's ability to function productively and independently. The Center's training activities, designed to improve knowledge, skills and attitudes regarding older persons in rehabilitation, are targeted first of all to students and practitioners in health disciplines and secondarily to administrators, educators, consumers and legislators.

—Research and Training Center for Rehabilitation of Elderly Disabled Individuals, University of Pennsylvania, Philadelphia, Pennsylvania. Established in 1985, the Center employs a variety of rehabilitation, mental health and gerontological resources in meeting the interdisciplinary needs of aging persons with regard to rehabilitation. The Center's two major programs are: (1) the integration of rehabilitation into the mainstream of medical practice, with an emphasis on long-term management of chronic conditions and their consequences; and (2) vocational rehabilitation of the older disabled worker, including an exploration of rehabilitation methodologies which may enable them to return to the workplace.

REHABILITATION ENGINEERING CENTERS

Rehabilitation Engineering Centers conduct programs of advanced research of an engineering or technological nature which can be applied toward solving problems encountered in the rehabilitation of disabled persons. The centers are also encouraged to develop systems for the exchange of technical and engineering information, and to improve the distribution of technological devices and equipment to disabled persons. Although there is no center specifically devoted to the problems of the elderly, the technological advances resulting from center research benefit this population. This technology includes research on improvements in wheelchairs for the disabled, orthotics and prostheses, improved mobility through the use of functional electrical stimulation to paralyzed muscles, and devices to aid hearing and visually impaired individuals.

Research and Demonstration Projects

This is a program encompassing discrete research and demonstration projects primarily directed toward discovering new knowledge and overcoming significant information gaps in the rehabilitation of severely disabled persons. Project currently supported which impact on the aging population is:

—Technology Application in Aging, jointly funded by NIDRR, VA, AOA, NIA and NASA, an aid for managing wandering in older persons.

Field Initiated Research

The purpose of the Field Initiated Research program, implemented in fiscal year 1984 is to assist in conducting research and demonstration projects in areas with direct bearing on the development of methods, procedures and devices to aid in the provision of vocational and other rehabilitation services to disabled individuals. Currently supported projects examining problems in the rehabilitation of elderly persons include:

—The Effect of Family and Environment on Low Vision Rehabilitation of Older Persons.

—Assessing and Training the Visual Components of Reading in Individuals with Macular Loss.

—Interdisciplinary Inservice Curriculum for Long Term Care Personnel Serving Elderly Visually Impaired Persons.
—Orientation and Mobility for Blind Adults Over 60 Years of age.

Innovation Grants

This is a program of small grants awarded in order to test new concepts and innovative ideas; demonstrate research results of high potential benefits; and purchase and evaluate prototype aids and services. Recently supported projects of relevance include:

—Innovative Curriculum Development Research (for in-service rehabilitation training curricula geared to providers of long-term care to elderly visually impaired individuals).
—Training Older Workers for High Technology Employment.
—Aging and Rehabilitation: A National Conference on the State-of-the Practice.

ITEM 5. DEPARTMENT OF ENERGY

DECEMBER 17, 1987.

DEAR MR. CHAIRMAN: In response to your letter of September 14, 1987, requesting an update of the Department's current and upcoming activities of particular interest to older Americans, I am submitting the following enclosure that describes departmental activities in areas of energy efficiency programs, information collection and distribution, public participation, and research on the biological and physiological aging process.

I am pleased to contribute to your annual report of Federal activities and programs of interest and assistance to older Americans.

Yours truly,

JOHN S. HERRINGTON.

Enclosure.

INTRODUCTION

At the heart of President Reagan's energy policy is his commitment to ensuring sufficient and affordable energy supplies for all Americans. Our senior citizens, in particular, have benefited from his policies emphasizing reduced federal control of energy markets and a balanced and diversified energy mix. During the same time, the size of the country's strategic oil reserves have been increased almost fivefold. As a result, the Nation has seen a dramatic turnabout from the turbulent energy events of the seventies. Consequently, America stands better prepared today to guard against the kind of supply disruptions that resulted in rapidly escalating energy costs and scarce supplies during the 1970's.

Accompanying the stability of our energy markets has been an overall drop in prices for crucial fuels, particularly gasoline and home heating oil. On average, consumers paid 31.6 percent less for gasoline during the first half of 1987 than they did in 1981 and 34.4 percent less on average for heating oil during the same periods. This has brought enormous savings to the household budgets of our senior citizens.

Enhanced understanding and advances in energy efficiency have also saved elderly Americans money in meeting energy expenses. In fact, Americans today use about the same amount of energy as they did in 1973, despite an economy that is a third larger.

The following provides other Department of Energy (DOE) activities of particular interest to senior citizens.

ENERGY EFFICIENCY PROGRAMS

Weatherization Assistance Program.—The low-income elderly and the handicapped receive priority under this program which provides grants for the installation of insulation, weatherstripping, storm windows, and other energy-saving measures.

In 1987, the Weatherization Assistance Program awarded $160,064,805 in grants to the States and 25 Native American tribal organizations for the weatherization of homes of low-income people. Reports submitted from the inception of the program through September 1987, indicate that approximately 1.8 million low-income homes were weatherized and that 868,909 of those dwellings were occupied by the elderly. In fiscal year 1987, 149,291 homes were weatherized.

Institutional Conservation Program.—Title III of the National Energy Conservation Policy Act provided for a matching grant program to support, among other things, professional analyses of the energy conservation potential in public care facilities. The effort of this program is to identify for building operators ways to conserve energy and thus cut their operating costs. The program also hopes to influence the capital investment decisions of an institution's management. In 1987, the Institutional Conservation Program awarded grants totalling $36,156,100.

INFORMATION COLLECTION AND DISTRIBUTION

The Energy Information Administration collects and publishes comprehensive data on energy consumption in the residential sector through the Residential Energy Consumption Survey. This survey includes data collected from individual households throughout the country along with actual billing data from the households' fuel supplies for a 12-month period. The data include information on energy consumption, expenditures for energy, cost by fuel type, and related housing unit characteristics (such as size, insulation, and major energy-consuming appliances).

The results of this survey are analyzed and published by the Energy Information Administration. The most recent Residential Energy Consumption Survey that contains data pertaining to the elderly was conducted between April 1984 and March 1985. Results of this survey are reported in a series of Residential Energy Consumption Survey Publications. The Residential Energy Consumption Survey: Housing Characteristics 1984 (published October 1986) provides data on energy-related characteristics of housing, including the square footage of floor space and the use of fuels. The energy-related characteristics are categorized by the age of the householder. Estimates of consumption and the expenditures of electricity, natural gas, fuel oil, kerosene and liquefied petroleum gas for elderly households are reported in Residential Energy Consumption Survey: Consumption and Expenditures, April 1984 through March 1985, Part 1, National Data (published March 1987) and Part 2, Regional Data (published May 1987).

Two other publications containing energy data as it relates to the elderly were published in 1987. The first report, Consumption Patterns of Household Vehicles, 1984 presents data on energy used in personal vehicles, including annual miles traveled, gallons of fuel consumed, type of fuel used, price paid for fuel and vehicle miles-per-gallon. The second report, Residential Energy Consumption Survey: Trends in Consumption and Expenditures 1978–1984 discusses the amount of energy consumed and the monies expended for this energy between 1978 and 1984. Additionally, a comparison of energy consumption and expenditure patterns between the elderly and non-elderly households in the 1984 Residential Energy Consumption Survey will be published in 1988 in the Proceedings from the Department of Energy Minority Impact Conference. The next Residential Energy Consumption Survey is being conducted in the Fall of 1987.

The published reports can be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20401 and from the National Energy Information Center, 1000 Independence Avenue, S.W., Washington, D.C. 20585.

PUBLIC PARTICIPATION ACTIVITIES

During fiscal year 1987, the U.S. Department of Energy (DOE) has remained active with the National Energy and Aging Consortium, a network of more than 50 organizations from the public and private sectors. This organization is the only one of its kind that brings Federal agencies together with national aging organizations and the private sector to discuss and implement solutions to the energy-related needs of the elderly.

The Division of Consumer Affairs has represented the Department in the Consortium by serving on its Steering Committee. Through participation in this group, DOE has exercised leadership in forming partnerships with a variety of organizations that have worked with elderly citizens to assist with their energy needs and concerns.

The Energy Department's staff has maintained open channels of communication with Federal agencies and departments for the purpose of improving information exchange about energy assistance programs. This information exchange gives particular emphasis to programs that allow for special attention to the elderly.

The Department of Energy also has initiated a bi-monthly consumer information news column for distribution to more than 3,000 daily and weekly newspapers on a nationwide basis. The column is written for all age groups; but periodically, information more specifically of concern to the elderly community is addressed. The same is true of a monthly DOE national radio program and monthly public service announcements conveying energy information and welcoming comments and viewpoints.

RESEARCH RELATED TO BIOLOGICAL AGING

In 1987, the Office of Health and Environmental Research (OHER) administered a program of research to identify and characterize the health impacts of energy production and use. In assessing the energy-related health impacts, the Department continues to identify and characterize long-term, late-appearing effects induced by chronic exposure to low levels of hazardous chemical and physical agents. Health effects caused by chronic low-level exposure to energy-related toxic agents often develop over the entire lifespan. Consequently, such effects must be clearly distinguished from the normal aging processes. To make a valid distinction between induced effects and spontaneously occurring changes, information on changes occurring throughout the lifespan is collected for both experimental and control groups. These data help to characterize the normal aging processes as well as the toxicity of energy-related agents over time. Additional studies are conducted to obtain a better understanding of the aging process itself. Thus, DOE sponsors two categories of studies related to biological aging: (a) studies indirectly concerned with biological changes occurring over long periods of time in animals and in humans; and (b) studies designed to elucidate the biological processes in aging. As in the past, lifetime studies of humans and animals constitute the major effort in ongoing research related to biological aging. Research directly concerned with the aging process has been conducted at several of the Department's contractor facilities. Summarized below are specific research projects addressing aging that the Department sponsored in 1987.

Long-Term Studies of Human Populations

These studies provide valuable data on health effects and life shortening in human populations exposed to hazardous chemical and physical agents associated with energy technologies. Additional information on lifespan and aging in human populations is also collected. Since long-term studies of human populations are costly, time-consuming, and complex, they are initiated on a highly selected basis.

The Radiation Effects Research Foundation (RERF), sponsored jointly by the United States and Japan, continued work on a lifetime follow-up of survivors of atomic bombings that occurred in Hiroshima and Nagasaki in 1945. Over 100,000 persons are under observation in this study.

An important feature of this study is the acquisition of valuable quantitative data on dose-response relationships. Studies specifically concerned with age-related changes also are conducted. No evidence of radiation-induced premature aging has been obtained.

After being accidentally exposed in 1954 to radioactive fallout released during the atmospheric testing of a thermonuclear device, a group of some 200 inhabitants of the Marshall Islands has been followed clinically, along with unexposed controls, by medical specialists at the Brookhaven National Laboratory. Thyroid pathology, which has responded well to medical treatment, has been prevalent in individuals heavily exposed to radioiodine. (This study is currently conducted under the auspices of the Department's Office of Defense Programs.)

Nearly 2,000 persons exposed to radium, occupationally or for medical reasons, have been studied at the Center for Human Radiobiology, Argonne National Laboratory.

Other studies currently involving the Department include:

—A Los Alamos National Laboratory epidemiologic study of plutonium workers at six Department of Energy facilities. An estimated 15,000 to 20,000 workers will be followed in this retrospective mortality study.

—A study of some 600,000 contractor employees at Department of Energy facilities who are being analyzed in an epidemiologic study to assess health effects produced by long-term exposure to low-levels of ionizing radiation.

—The U.S. Uranium-Transuranium Registry, which is operated by the Hanford Environmental Health Foundation, is collecting occupational data (work, medical, and radiation exposure histories) as well as information on mortality in worker populations exposed to plutonium or other transuranium radioelements. At the present time, 14,500 workers from 10 facilities are registered with the Foundation. Autopsy data have been obtained in 339 cases.

—A study to determine possible relationships betwen the work environment and mortality risk is being conducted on 90,000 workers employed at 8 shipyards since the early 1950s. Approximately 50,000 of these workers have had exposure to external radiation.

Lifetime Studies in Short-Lived Mammals

Although human studies are indispensable in assessing health impacts associated with any hazardous agent, they have inherent limitations that make it necessary to acquire quantitative data from controlled lifetime studies of animal populations.

Small rodents with lifespans of 2 to 3 years (rats, mice, and hamsters) provide data in a minimum of time and at low cost, and they have been extensively used in large-scale studies of the effects induced by low doses of ionizing radiation. Major studies are currently underway at the Brookhaven National Laboratory, the Lawrence Berkeley Laboratory, the Battelle-Pacific Northwest Laboratory, the Oak Ridge National Laboratory, the University of Utah, and the Lovelace Inhalation Toxicology Research Institute.

Lifetime Studies with Long-Lived Mammals

From some points of view, long-lived mammals represent better human surrogates than do their short-lived counterparts. Thus, obtaining quantitative data on responses of long-lived species to hazardous agents is important—and studies are now being conducted at the Argonne National Laboratory, the University of Utah, the University of California, Davis, the Lovelace Inhalation Toxicology Research Institute, and the Pacific Northwest Laboratories. This research increases our knowledge of lifespan, age-related changes, morbidity, mortality, and causes of death, as well as alterations in these characteristics that may be induced by radiation. Because of the cost and time involved, these lifetime studies were initiated on a highly selective basis, and currently no new studies are being started.

RESEARCH DIRECTLY CONCERNED WITH AGING

Interest in biological aging has continued in several of the Department of Energy laboratories and has resulted in additional research at the molecular, cellular, and organismal levels of biological organization. Examples include: (a) research at the Lovelace Inhalation Toxicology Research Institute on effects of age on lung function and structure of adult animals and (b) the study and diagnosis via radiopharmaceuticals and new imaging devices of age-related dysfunctions of the brain and heart, including senile dementia, alzheimer's disease, stroke, and atherosclerosis.

TRENDS AND PROSPECTS

Given the need to assess long-term and late-appearing effects of hazardous agents associated with energy technologies, lifetime studies of animal and human populations will continue. There is a particular need for lifespan data on responses to individual chemical agents and to combinations of toxic chemicals. In future research, lifetime studies involving short-lived species will be emphasized. No new lifetime studies involving long-lived animals are planned. Effort in research on molecular and cellular aspects of aging in mammals is expected to increase. As a result, additional information on age-related changes in both animals and humans should be forthcoming.

ITEM 6. DEPARTMENT OF HEALTH AND HUMAN SERVICES

DECEMBER 14, 1987.

DEAR MR. CHAIRMAN: In response to your request, we have prepared several annual reports on our Department's programs and services for the elderly to be included in your committee report entitled, *Developments in Aging.* Reports from the following agencies are attached:

Health Care Financing Administration
Office of Human Development Services
Social Security Administration
Office of Inspector General
Office of the General Counsel
Family Support Administration
Office of Planning and Evaluation
Public Health Service, including:
    Alcohol, Drug Abuse, and Mental Health Administration
    Centers for Disease Control

Food and Drug Administration
Health Resources and Services Administration
National Institutes of Health
National Center for Health Services Research/Health Care Technology Assessment
Office of Disease Prevention and Health Promotion

As always, I am pleased to be of service to the committee. If you need further information, please let me know.

Sincerely,

RONALD F. DOCKSAI,
Assistant Secretary for Legislation.

HEALTH CARE FINANCING ADMINISTRATION

LONG TERM CARE

The mission of HCFA is to promote the timely delivery of appropriate, quality health care to its beneficiaries—approximately 47 million aged, disabled, and poor Americans.

Medicaid and Medicare are the principal sources of funding for long term care in the United States. The primary types of care reimbursed by these programs of HCFA are skilled nursing facilities (SNF's), intermediate care facilities (ICF's), and and home health services.

HCFA's Office of Research and Demonstration (ORD) conducts studies and projects that demonstrate and evaluate optional reimbursement, coverage, eligibility, and management alternatives to the present Medicaid and Medicare programs. ORD also assesses the impact of beneficiary access to services, health care providers, and the health care industry.

DEMONSTRATION ACTIVITIES

In 1987, HCFA continued and/or completed a number of demonstrations aimed at testing the effectiveness of community-based and in-home delivery systems for long term care services. These projects focus on the coordination and management of an appropriate mix of health and social services directed at individual client needs.

Studies and demonstrations also are being conducted to assess the impact of innovative reimbursement strategies to promote cost containment and foster quality of care. Efforts are also underway to identify more effective long term care quality assurance techniques and to improve the statistics and baseline information upon which future assessment of needs, problem indentification, and policy decisions will be based.

As a result of the Omnibus Budget Reconciliation Act of 1986, HCFA began developing demonstrations aimed at providing effective and cost-effective care to Alzheimer's disease patients and chronically mentally ill individuals residing in the community.

DEMONSTRATION PROJECTS AND INITIATIVES—1987

AFDC HOMEMAKER/HOME HEALTH AIDE DEMONSTRATION

The Aid to Families with Dependent Children (AFDC) Homemaker/Home Health Aide Demonstration was developed to study whether welfare recipients could be trained and employed to provide home care services to an elderly and disabled population considered at risk of institutionalization. Established by a provision in the Omnibus Reconciliation Act of 1980, this project was originally conducted in seven States (Arkansas, Kentucky, New Jersey, New York, South Carolina, and Texas). The objectives of the demonstration were to reduce the welfare dependency of the AFDC recipients who participated in the program and to prevent or delay the institutional placement of the functionally-impaired clients they served. Two potential cost-saving approaches were being tested. Since the project provided job training and employment to welfare recipients, it was hypothesized that total AFDC payments and other related costs, such as Food Stamps, would be reduced. It was also anticipated that the delivery of homemaker and home health aide services to individuals who needed this type of care would result in decreased institutionalization and a subsequent reduction in both Medicare and Medicaid expenditures.

The demonstration was implemented in January 1983. At that time, the States started recruiting and selecting AFDC recipients for training. They also began developing a referral network for indentifying potential service clients. In order to measure the effects of the project's intervention, both the AFDC recipients and service clients were randomly assigned to either a treatment or control group. Those AFDC recipients who successfully completed a 4- to 8-week training class were offered employment as homemaker/home health aides under a 1-year subsidized arrangement with either a private nonprofit or public agency. During this period, the aides retained Medicaid eligibility for themselves and their families. The services provided by these aides were available to anyone who met the eligibility criteria designated by the legislation—elderly or disabled and at risk of institutionalization.

On September 30, 1986, the project ended in six of the participating States. New Jersey, however, received congressional authorization to continue the demonstration for an additional year. During the demonstration, more than 4,000 AFDC recipients were trained to provide homemaker/home health aide services to almost 9,500 elderly and disabled clients.

An evaluation of this project was performed by Abt Associates, Inc. The evaluation found that only a small proportion of the client control group was admitted to nursing homes. Consequently, the demonstration had little opportunity to defer nursing home use. In addition, only one State experienced a significant reduction in Medicare reimbursement due to reduced hospital use. Although the demonstration improved the clients' health status and physical functioning as well as their psychological well-being, the service client component of the demonstration resulted in net increases in Government expenditures.

The evaluation findings also revealed that in most States the training and subsidized employment of the AFDC recipients substantially increased the recipients' earnings and reduced their use of AFDC and Food Stamp benefits. In three States, these savings from the trainee component exceeded the operational costs of the demonstration, resulting in a net savings to State and Federal Governments. There was a net cost in the other four States.

Combining the results of the service client and AFDC trainee components, the demonstration showed a net cost increase to the government in six of the seven States. A report of these findings was submitted to Congress in August 1987.

TEXAS, "MODIFICATION OF THE TEXAS SYSTEM OF CARE FOR THE ELDERLY: ALTERNATIVES TO THE INSTITUTIONAL AGED"

The Texas Department of Human Resources (DHR) is in the eighth year of a demonstration project which is designed to reduce the growth of nursing homes in Texas while at the same time expanding access to community care services for needy individuals. The demonstration was initiated as a result of a State legislative mandate which required DHR to eliminate one of the two Medicaid intermediate care facility (ICF) levels of care (the ICF II level) and provide community-based services to deinstitutionalized patients. For individuals who are discharged, a care plan is developed, and the necessary arrangements are made for in-home services through the appropriate community agency. The following services are provided under the demonstration: Medicaid Home Care Benefits, Medicaid Personal Care Benefits, Title XX Adult In-Home Services, and Section 1115 Waivered Community-Based In-House Supportive Services.

Considerable progress has been made in implementing this project over the first 7 years. Of the 15,492 individuals in the ICF-II cohort group in March 1980, only 1,162 (or 7.5 percent) were still receiving ICF-II services in January 1987. Another 297 "Special II's" were also receiving ICF-II services as of that date. The institutional population decreased 17.6 percent from March 1980 to January 1987, from 64,864 to 53,469. The community care caseload has increased 35 percent, from an average of 30,135 clients in 1980 to 46,850 in January 1987.

NEW YORK, MONROE COUNTY I AND II

Between 1976 and 1986, the New York Department of Social Services has demonstrated alternative approaches to delivering and financing long term care to the adult disabled and elderly Medicaid population of Monroe County. The project has the Assessment for Community Care Services (ACCESS) model as a centralized unit responsible for all aspects of long term care for Monroe County residents 18 years of age or older who are Medicaid eligible with long term health care needs. ACCESS staff provides each client with comprehensive needs assessment and case management services. This Monroe County Long Term Care Project was expanded in 1982 to include case management and patient assessment services for the county's Medicare population in need of long term care. The addition of the Medicare project to the Monroe County Program enabled the project to work toward an integration of Medicare and Medicaid long term care services in the county and to simplify program administration. In 1986, the ACCESS Medicaid demonstration ended. The program was continued, however, under the county's regular Medicaid program. The Medicare demonstration was also scheduled to end in 1986, but legislation extended the project until 1987. The project is using this congressionally mandated extension to develop a more refined approach to targeting patients at high risk of institutionalization.

A HCFA-funded evaluation by Berkeley Planning Associates of the Medicare demonstration was completed in 1987. The evaluation findings indicate that the project did reduce hospital utilization by the demonstration participants. However, the additional costs for case management and the additional community services were not totally offset by the reduced hospital expenditures, so total Medicare and Medicaid expenditures increased.

IDENTIFYING INDIVIDUALS AT RISK OF INSTITUTIONALIZATION

The evaluation of the National Long Term Care Channeling Demonstration produced an extensive data base including client and informal support characteristics and cost and utilization information on 6,341 participants. Further analysis of the data was undertaken by Mathematica Policy Research, Inc., to examine whether it is possible to make community care programs more cost-effective by defining the target groups more vigorously; that is, by limiting eligibility to those who are considered to be at high risk of nursing home placement or for whom the program is otherwise likely to reduce expenditures. This study was mandated by the Orphan Drug Act, Public Law 97-414 passed by Congress in 1983. In addition to the Channeling data, Mathematica reviewed the findings of other studies to examine predicators of institutionalization. A report of these findings was sent to Congress in October 1987.

STATE APPROACHES TO LONG TERM CARE SYSTEMS REFORM

The Health Care Financing Administration and the Office of the Assistant Secretary for Planning and Evaluation are co-sponsoring a study by the National Governors' Association (NGA). The purpose of the study is to compare and assess six States' (Arkansas, Illinois, Maine, Maryland, Oregon, and Wisconsin) strategies for managing their long term care services system so that resources can be more rationally allocated between institutional and community settings. The study describes how States are capitalizing on existing system flexibilities, what policy and programmatic waivers must be overcome to achieve State goals, and what State practices seem most effective in achieving system change. It is anticipated that the results will be valuable for future State policy development and could also identify changes in Federal policy that could support the development of new solutions to long term care problems. A final report is expected by December 1987.

URBAN INSTITUTE'S COMMUNITY CARE FOR ALZHEIMER'S AND RELATED DISEASES

This 12-month study is analyzing data from the National Long Term Care Channeling Project (1982-1984) to provide a better knowledge base on the characteristics of cognitively impaired elderly persons in the community who suffer from Alzheimer's disease and related disorders (ARD). Of the 6,000 person sample in that data base, the applicant estimates that 2,000 are cognitively impaired.

The two specific objectives of the project are: (1) To determine the range of services, sources, and costs of care used by community residents with cognitive impairment due to ARD; and (2) to determine the risks of their entering nursing homes as a function of physical and mental health status and the types and amounts of care received in the community. The study will provide baseline information for policymakers and program managers who are designing innovative projects, particularly the Alzheimer's disease demonstration which is congressionally mandated in section 9342 of the Omnibus Budget Reconciliation Act of 1986. Results of the study are also expected to provide a basis for the consideration of innovative reimbursement strategies such as capitation and case-mix models.

MEDICARE ALZHEIMER'S DISEASE DEMONSTRATION

Section 9342 of Public Law 99-509 (the 1986 Omnibus Budget Reconciliation Act) authorized the Secretary to conduct a demonstration to determine the effectiveness, cost, and impact on health status and functioning of providing comprehensive services to Medicare beneficiaries with Alzheimer's disease or related disorders. In compliance with the legislation, the program will be designed to meet the specific needs of cognitively impaired patients and their families. The services provided under this 3-year demonstration will include case management, home and community-based care, outpatient, drug therapy, mental health care, respite care and other supportive services and counseling for the family, adult day care, and other in-home services. The project will be conducted in 5 to 10 sites. To satisfy the requirements of the legislation, these sites must be geographically diverse and located in States with a high proportion of Medicare beneficiaries and in areas readily accessible to a significant number of beneficiaries.

In September 1987, Mathematica Policy Research, Inc., was awarded a 1-year contract to develop the project's research design and evaluation plan. The demonstration is scheduled to begin in late 1988.

STUDY OF ACCIDENTAL FALLS IN THE ELDERLY

In September 1984, a cooperative agreement was awarded to the Kaiser Foundation Research Institute to test the effectiveness of a comprehensive falls prevention program in reducing the incidence of falls and associated medical care use and cost in the elderly population. The project is being conducted at the Health Services Research Center, Kaiser Permanente Medical Care Program in Portland, OR. Kaiser is conducting a randomized trial of 2,400 households with Kaiser members age 65 and over in 2,400 households. Each person is assigned to one of two groups: an intervention or a control group. Since data are collected on all participants, each home will receive a preliminary safety assessment. Participants in the intervention group are offered a special falls prevention program which includes a self-management educational curriculum and the installation of safety equipment and minor renovations in the home. In addition, a control group of elderly Kaiser members are included to measure the incidence of falls-related medical care use in the absence of project intervention. The project collected data for a 24-month period on all participants. HCFA's funding support for this demonstration was supplemented by the National Institute on Aging, the Robert Wood Johnson Foundation, and Kaiser Foundation Hospitals, Inc. The project is currently analyzing the data for preparation of the final report, which is expected in the spring of 1988.

DEVELOPMENT AND TESTING OF OUTCOME-BASED QUALITY MEASURES FOR HOME HEALTH SERVICES

Recognizing the lack of reliable outcome measures for home health in 1985, HCFA funded a 3-year project with the Home Care Association of Washington to develop, pilot-test, and refine several patient outcome measures of assessing the quality of care delivered by home health care professionals. The measures are based on patient outcome information already being routinely collected by home health agency (HHA) staff during regular visits. The project pilot-tests each measure at five HHA's with 30-40 patients per HHA.

ORD plans to issue an RFP and award a contract in 1988 specifically to address the development of more sopisticated quality assurance measures for home health, and develop a long term strategy for designing, testing, and evaluating these measures.

ANALYSIS OF HOME HEALTH PATIENT CASE-MIX FACTORS

The Georgetown School of Nursing was awarded a 2-year cooperative agreement in June 1987 to develop a method for classifying patients that will predict resource requirements to measure the outcomes of Medicare home health patients. A patient level data collection instrument will be pilot-tested at 1,000 home health patients at 20 agencies. The abstract form will be revised based on the result of the initial data collection and will then be used to collect data from a national randomized stratified sample of 100 HHA's. The data will be analyzed to determine which variables are most highly predictive of resource requirements and outcome measures.

In another effort, under an existing HCFA contract, Abt Associates, Inc., will collect a more limited set of data items for HHA patients and conduct analyses in regard to length of home health episodes, relationships between patients' characteristics and their resource use, and possible implications for home health propsective payment options.

ALTERNATIVE PAYMENT METHODS FOR HOME HEALTH SERVICES

In response to a requirement in Public Law 97-414 in 1983, HCFA prepared a Report to Congress on alternative payment systems for HHA's. This report describes previous HCFA demonstrations and designs of new methods of paying for Medicare home health services, as well as current and planned research initiatives. The report is under review in the HCFA and will be submitted to Congress in 1988.

THE SOCIAL/HEALTH MAINTENANCE ORGANIZATION DEMONSTRATION

The Social/Health Maintenance Organization (S/HMO) is a capitation financed approach to the organization and delivery of health and social services in which an elderly population, including those at high risk of institutionalization, is voluntarily enrolled by a managing provider entity into an integrated service system. It is designed to address two of the most pressing problems in health care: (1) The fragmentation of services, and (2) the fragmentation of funding sources. The concept promises to integrate health and social services as well as acute care services. It is hypothesized that the S/HMO will reduce the number of expensive institutional days for enrolless as well as encourage significant changes in utilization patterns.

All basic acute hospital, nursing home, ambulatory medicare services and personal care support services, including homemaker, home health, and chore services, are provided by or through the S/HMO at a fixed annual prepaid capitation sum. Other offered services include emergency psychiatric, meals (home delivered and/or congregate), counseling, transportation, information, and referral. The provider either may employ staff or establish contracts with other providers of the services. In the S/HMO model, financial, programmatic, case decision making and management responsibility rests with the provider entity. The S/HMO provider is at risk for service expenditures and is responsible for brokering other needed services not covered but which are available from other community providers. Financial risk is defined as absorption of agreed-upon costs which exceed a capitation agreement. State and Federal Governments shared financial risk with the S/HMO for the first 30 months. All sites are operating at full financial risk in the third project year.

Four sites were selected for participation in the demonstration, which was mandated by section 2355 of the Deficit Reduction Act of 1984 (Public Law 98-369). They all use common assessment instruments, comparable experimental populations, compatible management information systems, and a common evaluation strategy. The Kaiser Permanente, Northwest Region in Portland, OR and the Ebenezer Society/Group Health Plan of Minneapolis, MN (Seniors Plus) are Health Maintenance Organizations which are adding long term care services to their service package. Elderplan Inc., sponsored by the Metropolitan Jewish Geriatric Center in Brooklyn, NY, and the Senior Citizen Action Network (SCAN) of Long Beach, CA are long term care providers which will be adding medical services to their packages.

One site, Seniors Plus, became operational on January 1, 1985. The other three sites commenced operations on March 1, 1985. The demonstration has been extended through August 1990.

An evaluation contract was awarded to the University of California, San Francisco (UCSF). The evaluation is designed to provide answers to questions about cost/benefit effects of a S/HMO, the effects of integrated care on the elderly and on service costs, the administrative feasibility of the S/HMO model compared with the fee-for-service model, and the effects on quality of care. A report on the first 30 months of operation will be submitted to Congress by January 1988.

HUD/HHS DEMONSTRATION FOR THE CHRONICALLY MENTALLY ILL

This demonstration project is a joint effort between the Department of Health and Human Services (HHS) and the Department of Housing and Urban Development (HUD) to allow the chronically mentally ill to live more independently in the community through the provision of residential housing and services. Project coordination is carried out by an interagency work group from HUD and HHS, Health Care Financing Administration (HCFA), National Institute of Mental Health (NIMH), and the Office of the Assistant Secretary for Planning and Evaluation.

The current demonstration began in 1978 with HUD approving section 202 Direct Loan Reservations and Section 8 Rental Assistance set-asides for sites in 39 States and NIMH approving the service program for each site. HCFA is committed to the provision of section 1115 (Medicaid) waivers to permit reimbursement for services not currently included under the State's Medicaid plan. Of the 26 HUD-approved States that initially indicated their interest in requesting waiver approval, 12 States (Minnesota, Georgia, Tennessee, Vermont, the District of Columbia, New Hampshire, New Jersey, Rhode Island, Arkansas, Washington, Connecticut, and Maine) have submitted applications and received Medicaid waiver-only grant approval by HCFA. During the course of this demonstration, the waivers will cover reimbursement for services at each site for a period of 3 years.

The objectives of the waiver-only grants are to determine the cost-effectiveness of providing care to the chronically mentally ill in residential settings and to determine the increase in functional independence and quality of life of the residents.

CASE MANAGED MEDICAL CARE FOR NURSING HOME PATIENTS

On July 1, 1983, HCFA granted Medicare and Medicaid waivers to the Massachusetts' Department of Public Welfare, Medical Care Division, to permit fee-for-service reimbursement for the provision of medical services by physician-supervised nurse practitioners/physician assistants to residents of nursing homes. This will permit increased medical monitoring that will generate cost savings due to fewer hospital admissions and hospital outpatient visits. For those requiring a hosptial admission, the physician-supervisor will be the admitting physician, thus providing a continuity that is frequently lacking in the present system of medical care. Prior to this demonstration, Massachusetts conducted a pilot program in 10 nursing homes with medical services provided by the Urban Medical Group. This program has been expanded to serve a patient population of approximately 700 patients. In addition, other medical providers have added and ultimately 6,500 patients are expected to be served by 14 providers (individuals or groups of physicians). The objectives of the demonstration are: to explore the feasibility and desirability of the use of nurse practitioners/physician assistants to provide medical care to residents of nursing homes and to test the cost effectiveness of this delivery system. Section 9413 of the Omnibus Budget Reconciliation Act of 1986 (Public Law 99-509) authorized the extension of this grant for an additional 2-year period, from July 1, 1987 through June 30, 1989. A service utilization and cost evaluation is being carried out by the Rand Corporation. Quality issues are being addressed by the University of Minnesota. A final evaluation report is due in mid-1988.

ON LOK'S AT-RISK, CAPITATED PAYMENT DEMONSTRATION

As of November 1, 1983, in response to the congressional mandate of section 603(c)(1) and (2) of the Social Security Amendments of 1983, HCFA granted Medicare waivers to the On Lok Senior Health Services and Medicaid waivers to the California Department of Health Services. Together, these waivers will permit On Lok to implement an at-risk, capitated payment demonstration in which 300 frail elderly individuals are provided a comprehensive array of health and health-related services.

Under On Lok's Community Care Organization for Dependent Adults (CCODA) demonstration that began in 1979 and ended on October 31, 1983, a single source, cost-based, reimbursement system (Medicare) was used to provide funding for all health and health-related services to On Lok's CCODA participants who were certified by the Department of Health Services as eligible for institutional placement at the time of admission. Reimbursement for services was provided by HCFA under section 222 waivers.

The current demonstration is maintaing On Lok's comprehensive community-based program but has modified its financial base and reimbursement mechanism. All services are paid for by a prospective capitated rate from both Medicare and Medicaid (Medi-Cal). The Medicare rate is based on the adjusted average per capita cost (AAPCC) for Medicare's institutionalized population. Individual participants may be required to pay co-payments, spenddown income or divest their assets based on their financial status and eligibility for either or both of the programs. On Lok is at risk if expenditures exceed the capitated rates of both Medicare and Medi-Cal.

ON LOK REPLICATES

On Lok is in the process of developing a national initiative which will extend their model of risk-based long-term care services for frail elders in as many as 10 sites. A development grant from the Robert Wood Johnson Foundation and waiver approval as legislated by the Omnibus Budget Reconciliation Act of 1986 are instrumental in the development process. Two sites, Beth Abraham Hospital in the Bronx, NY and the East Boston Neighborhood Health Center in Boston, MA are scheduled to begin a fee-for-service implementation phase in 1988 prior to applying for Medicare and Medicaid waiver authority.

RESPITE CARE CO-OP FOR IMPAIRED ELDERLY

This feasibility study, which has been completed, developed a model cooperative to provide respite for family caregivers of impaired elderly. The model relied on volunteer family caregivers with a minimum number of paid staff to coordinate the process. The objectives were: To study the feasibility and cost of developing a model cooperative designed to prevent exhaustion of family members, to eliminate the need for more intensive and/or expensive care, and to prevent unnecessary institutionalization of the elderly. The model is a cooperative committee composed of impaired elderly, their family caregivers and representatives from community agencies. The committee, with a program coordinator, established policies and procedures and recruited families to participate. Family members pay for care received with care given. The co-op model is professionally guided self-help and volunteerism, with the caregiver as both service provider and service recipient. The final report of the project, which enumerates the steps necessary to develop a co-op respite model, is available through the National Technical Information Service (No. PB87-187340/AS).

THE EFFECTS OF ALTERNATIVE FAMILY SUPPORT STRATEGIES

This project is designed to study the effects of various support programs provided to families that care for their elderly members at home. The support programs include:

(1) paid respite care in various settings, up to a maximum yearly dollar limit per family,
(2) family training and case management, and
(3) paid respite care in conjunction with family training and case management.

The purpose of providing the support programs is to encourage and enable family members to maintain their role as primary caregivers in order to prevent or delay the permanent institutionalization of their elderly relatives.

The Long Term Care Center and the Institute of Aging of the University of Washington (Seattle, WA) are co-sponsoring the project, which will be offered in the King County area. To take part in the project, a dependent family member must be: (1) age 65 or over, and (2) entitled to Hospital Insurance (Medicare Part A) or eligible under the Medicaid Program. Five providers participate in the project to offer families a choice of paid respite care: Families receive paid respite care up to annual maximum dollar limit per family ($881). The services provided within this limit are in-home care by home health aides or home helpers, institutional care in a skilled nursing facility, and adult day care.

The 541 families that participated in this project were randomly assigned either to one of several experimental groups receiving one or a combination of the support programs or to the control group. Families receiving paid respite care alone or the mix of paid respite plus training/case management services may use any combination of the paid respite care up to the maximum dollar limit per family. The service phase of the project began in April 1984 and continued through July 1986. The final evaluation report is expected in late 1987.

NEW YORK STATE CASE MIX PROSPECTIVE REIMBURSEMENT SYSTEM FOR LONG TERM CARE

The New York State Department of Social Services was awarded a section 1115 cooperative agreement, effective August 7, 1983, to develop, test, and refine a Long Term Care prospective payment system based upon clusters of patient characteristics. This 3-year project was conducted by the New York State Department of Health and Rensselaer Polytechnic Institute. The system built upon the results of research conducted at Yale University which developed clusters of patients in relation to staff resources used (Resource Utilization Groups, RUG's). The purpose of the project was to promote efficiency by associating payment levels with patient characteristics which indicate the amount fo actual services needed by patients.

The first step of the demonstration was to validate the RUG's by determining whether additional or different patient clusters are appropriate for New York. Data were collected on 4,000 patients and staff from 40 facilities stratified by level of care, ownership, region, size, current case mix intensity and a willingness to participate in the project. From these data, patient groups were developed using AUTOGRP (a clustering program). These patient clusters were compared to those derived at Yale, using Klastorin's techniques to demonstrate whether the same patients would be grouped in the same RUG under each system.

The second step was to analyze the nursing home resource consumption in relation to the new patient classification system. The analyses allocated total facility costs into those categories which are related to case mix and those which are not. Data from certified facility cost reports and other sources were used to calculate a dollar value per relative value unit for each RUG or case-mix index value.

The third and final step in the development phase was to translate the case-mix and cost information into a payment system. The State prospective payment rate incorporates: case mix intensity, fixed cost of the group of services shared across all residents, and overhead expenses related to facility characteristics. This new payment system was phased in for all nursing homes in New York State starting January 1, 1986.

Each State has different goals when it changes a payment system. New York's goals for the RUGS's II system were to change the admissions patterns of nursing homes, increase the rehabilitation services provided, and establish greater equity in the payment rates. Evaluation of the first year of operation indicates each of these goals has been met. The admission patterns have changed to follow the payment system incentives. Light care applicants are being referred to adult homes and home health services. Facilities with low payment rates under the old system have increased staffing significantly more than the average nursing home under the new system. The final report has been received and is being reviewed. It will be available in early 1988.

TEXAS LONG TERM CARE CASE-MIX REIMBURSEMENT PROJECT

The Texas Department of Human Resources was awarded a section 1115 cooperative agreement effective September 30, 1984, to develop a prospective payment system for nursing homes based on facility case-mix. The reimbursement method will be designed to match reimbursement rates more closely to patient characteristics and service requirements than the present flat rate system. The project will build upon the methodologies developed in New York and other States. The purpose is to contain costs while restructuring financial incentives to allow Medicaid patients improved access and quality of care.

As a first step, Texas developed the data collection methodology, including a patient assessment instrument to collect patient characteristics and staff time comparable to New York's information. Data were collected and analyzed on 1,990 patients and staff from nine facilities stratified by certification type, ownership, size, current case-mix intensity and willingness to participate in the project. Project staff have modeled the New York RUG's II, Maryland, and Minnesota case-mix classification systems using the Texas patient characteristics and staff time data. Texas' current level of care systems only explained 19 percent of the staff time variance. All three of the case-mix methodologies explained much more of the staff time variances: Maryland, 32 percent; Minnesota, 37 percent; New York, 44 percent. The State has utilized several statistical methods for grouping patients (including AUTOGRP and Grade of Membership) and developed a Texas Index of Level of Effort (TILE). The new system is similar to the RUG's II methodology used in New York.

Analyses of resident characteristics and cost reports relative to facility spending pattern by cost center and case-mix have been conducted to determine the incentives and payment system to use in a demonstration of the new case-mix system. The State has submitted and has been approved for a demonstration to be implemented in one catchment area of the State. It will test the effectiveness of the methodology in improving patient access and quality of care while containing overall costs of institutional long term care. The demonstration project will begin in 1988. The final report of the feasibility and development project will be available in June 1988.

DESIGN, IMPLEMENTATION, AND EVALUATION OF A PROSPECTIVE CASE-MIX SYSTEM FOR NURSING HOMES IN MASSACHUSETTS

This project will design, implement, and evaluate a prospective case-mix system for a random sample of nursing homes in Massachusetts. This payment system will develop and test incentives for these nursing homes to admit and treat heavy care patients while minimizing declines in quality of care. Experimental facilities will be compared to facilities that will continue to be reimbursed under the present system. A minimum of 50 experimental and 50 control homes will participate.

The system will modify four of seven components of the nursing home reimbursement system currently used in the State. For demonstration facilities, nursing services payment will be case-mix adjusted using "management minutes." Incentives to admit and treat heavy care Medicaid patients will be used to reduce other "controllable" operating costs.

The cooperative agreement was awarded in August 1986 for the first of 3 project years. During the first year, project staff have finalized aspects of the proposed payment system, developed and improved quality assurance mechanisms, and implemented necessary MMIS changes. The project will be ready for implementation during the first half of 1988.

THE MASSACHUSETTS STATISTICAL QUALITY CONTROL APPROACH TO INSPECTION OF CARE

The main objective of the project was to verify that patients in nursing homes are receiving appropriate care at the appropriate level, without reviewing every patient as required by current regulations. This project used statistical sampling techniques to achieve these goals so that surveyor time could be reallocated to other quality assurance activities. Criteria were developed for determining which facilities are appropriate for the sampling process. The procedures for sampling patients, including safeguards to control statistical biases, were refined. The project became operational in August 1983 and was completed in 1986. The final report, including the evaluation, was received in October 1987.

The final report indicates that the use of sampling in inspection of care (IOC) had no impact (either positive or negative) on quality as measured by the facilities' performance on the certification survey. However, the evaluation did reveal some inherent administrative problems with the IOC process, whether it employs sampling as is carried out in the regular manner. Although all survey teams received the same training and instructions on the IOC process, the protocols were not always completely followed. This caused some problems in facility selection for full audits, which could have been prevented with better communication and edit checks. Another identified problem is the effect of administrative policy decisions on operation of the IOC process. When the "walk-through" process identified too many facilities to be targeted for a full review, an administrative decision was made to correct the interpretation. This resulted in almost no facilities being identified for full review.

Even with these problems, the demonstration and evaluation showed that statistical sampling techniques can be used in the IOC process without resulting in a decline of the quality of care.

A LONGITUDINAL STUDY OF CASE-MIX OUTCOMES AND RESOURCE USE IN NURSING HOMES

The Brown University, Long Term Care Gerontology Center is conducting a study of natural histories of patient outcomes for subgroups of nursing home residents that will parallel the development of case-mix payment system. The objectives are:

—to create a typology that classifies residents into subgroups based on characteristics at admission;
—to measure patterns of outcomes for subgroups;
—to provide a quality of care link between case-mix and costs; and
—to develop a basis for an outcome-oriented quality control system compatible with many reimbursement systems.

Several large files of longitudinal data on skilled nursing facility and intermediate care facility residents will be used. One data base has resident data from facilities in 11 States, another one includes 53 facilities with 6,600 beds in 12 States. In addition, two crosscutting files with staff time information as well as resident characteristics, and two longitudinal files covering 2 years of data for Medicaid patients in two States will be used. The project will have four overlapping phases over 3 years. The first includes obtaining and preparing the data from various data sources for analyses. The second involves basic descriptive analyses including the classification for different subgroups. The third involves multivariate and facility-level analyses to assess the stability of the models and the sensitivity of results to variation in patient group composition, staffing, facility ownership, and/or State regulatory system. The fourth phase involves report preparation and dissemination of the results regarding natural histories of patient outcome for different subgroups of the nursing home population. The project began in September 1985. The research design has been finalized and includes identification of the data bases and samples that will be used for various parts of the study.

The descriptive analyses have been completed and RUG's II case-mix measures have been simulated on the multi-State data sets. Studies of discharge disposition and decubitus ulcers have been completed and papers presented at national meetings.

NEW YORK STATE QUALITY ASSURANCE SYSTEM FOR RESIDENTIAL HEALTH CARE FACILITIES (NYQAS): THE NEXT STEP AFTER CASE-MIX REIMBURSEMENT

In November 1985, New York submitted an application to devleop a quality assurance system which would link the State's new case-mix generated patient data base with an integrated survey/certification and inpsection of care (IOC) process. The project evolves from two separate section 1115 demonstrations which have been completed; an integrated survey/certification and IOC process utilizing Sentinal Health Events (SHE) to identify areas that need review during a facility visit and case-mix reimbursement system which has not been implemented statewide under the State plan.

The case-mix payment system utilizes a data base which includes audited, patient-specific data which can be used to anticipate and prevent any negative impact on quality of care. The new integrated system features computerized screens which will be used to target patients and facilities with potential problems, abbreviated survey for "good" facilities, and off-cycle surveys for "bad" facilities. It is anticipated that the new system will permit more efficient use of surveillance resources. The project currently is in a developmental phase and will be implemented in early 1988.

INPATIENT GERIATRIC RESEARCH CONTINENCE PROJECT

The Gerontology Research Center (GRC) of the National Institute on Aging (NIA) is conducting a demonstration to test whether providing bowel and bladder training to incontinent skilled nursing facility (SNF) patients can reduce the cost of caring for the patients. For the past several years, GRC has conducted a clinical study on ambulatory outpatients who suffer from bowel and/or bladder incontinence. The procedure used to assist these patients in achieving bowel or bladder control utilizes biofeedback and other behavioral modification techniques. The use of this training showed marketed improvement in the majority of the patients in the study. Under joint funding from NIA and HCFA, GRC is testing whether these and other training procedures will be as effective on an inpatient basis with SNF patients. The demonstration, which will run for 3 years, started training patients in December 1985. An evaluation of the project is being conducted by Mathematical Policy Research with a final report due to HCFA in September 1988.

COMBINED HOSPITAL-POST HOSPITAL PAYMENT

A combined hospital and post-hospital prospective payment system has been developed by the Rand Corporation under a cooperative agreement. This system would make hospitals the residual claimants for an entire episode of acute and subacute care. In return for somewhat higher DRG payments, hospitals would assume financial responsibility for hospital inpatient care and the related post-acute home health, SNF, and rehabilitative hospital care required by Medicare patients.

A final report on the design of possible demonstrations has been completed as well as an analysis of pre-PPS (CY 1981) data linking hospital, skilled nursing facility, and home health care episodes. A post-PPS (CY 1984) linked data set comparable to the 1981 data set is currently being constructed. ORD is examining issues preparatory to the possible implementation of a demonstration to test this payment system.

NEW JERSEY RESPITE CARE PILOT PROJECT

In response to section 9414 of Public Law 99-509, we are working with the New Jersey Department of Human Services to develop and implement a State Respite Care initiative. The purpose of this project is to determine the extent to which:

The provision of necessary respite care services to individuals at risk of institutionalization will delay or avert the need for institutional care; and

Respite care service enhance and sustain the role of the family in providing long term care services for elderly and disabled individuals at risk of institutionalization.

Within the definition of the authorizing legislation, short-term respite services to be provided under the project include companion or sitter services, homemaker and personal care services, adult day care, and inpatient care in a hospital, a skilled nursing facility, or an intermediate care facility. In addition, peer support and training for family caregivers using informal support groups and organized counseling will be provided. To be eligible to recieve these services, an individual must be elderly or disabled and at risk of institutionalization in the absence of respite care.

The State is responsible for arranging an independent evaluation of the project. Implementation is scheduled for the early part of 1988.

ORD is reviewing the proposed project design and evaluation strategy that is being developed by the State.

MR/DD

The financing and delivery of long term care services for the mentally retarded and developmentally disabled is an emerging focus for research and demonstration initiatives. The rapid cost increases in the Medicaid Program related to intermediate care facilities for the mentally retarded are of concern to HCFA. New York State is proposing an extensive reform of its financing and delivery system for three districts on a demonstration basis. The State will develop a project in which the basis of Federal Medicaid participation will be changed to link Federal funds to base year costs and enhance State programming flexibility.

PRIOR AND CONCURRENT AUTHORIZATION DEMONSTRATION

Public Law 99-509 (OBRA-86) requires the Secretary to conduct a demonstration program concerning prior and concurrent authorization (PCA) for Medicare post-hospital extended care and home health services. The law requires an evaluation and Report to Congress comparing PCA to the current system of retroactive claims review in regard to (1) administrative and program costs, (2) effects on access to and availability of post-hospital services and timeliness of hospital discharges, and (3) the accuracy and cost savings of payment determinations and rate of claim denials. In 1987, HCFA conducted a pilot test of concurrent authorization for home health services. ORD awarded a contract to Lewin and Associates to evaluate the pilot. In addition, this contractor will develop and evaluate a demonstration of prior/concurrent authorization for SNFs. A report describing the progress of this project will be submitted to Congress in February 1989.

CHRONICALLY MENTALLY ILL DEMONSTRATION PROGRAM

Early in 1986, the Robert Wood Johnson Foundation (RWJF) and the National Institute of Mental Health (NIMH) initiated the development of a cooperative agreement to support the development and evaluation of a program for the chronically mentally ill. This project is supported by RWJF and the Department of Housing and Urban Development (HUD), NIMH, and HCFA.

RWJF is providing approximately $29 million in grants and loans over 5 years to support the development of city-wide mental health authorities that offer a range of community services and supervised housing. The cities also will be eligible for Federal rent subsidies, through HUD, valued at approximately $85 million over a 15-year period.

The cooperative agreement between RWJF and various Federal agencies is to support the evaluation component of this program. The University of Maryland has been selected to evaluate the project at the projected cost of $4 million. The projected cost of the evaluation is $4 million. RWJF is providing $1 million, ASPE and NIMH have promised $1.6 million, and HCFA has committed $100,000.

The Omnibus Budget Reconciliation Act of 1986 (OBRA-86), section 9412, permits waivers of Medicaid regulations in order to conduct the demonstration for an initial 3 years, which may be extended for an additional 2-year term. States may cover case management services, rehabilitation services, day treatment or other partial hospitalization services, residential services (other than room and board), psychosocial rehabilitation services, and other services requested by States and approved by the Secretary. States applying for waivers must assure that the average per capita expenditure for mental health services under the program did not exceed the estimated average expenditure the State would have made for such services in the absence of the waiver.

On October 20, 1986, RWJF and HUD announced that nine cities had been selected to participate in the program. They are: Austin, Texas; Baltimore, Maryland; Charlotte, North Carolina; Cincinnati, Ohio; Columbus, Ohio; Denver, Colorado; Honolulu, Hawaii; Philadelphia, Pennsylvania; and Toledo, Ohio.

The evaluator and each of the sites are finalizing developmental tasks. Also, during this time, each of the sites will determine its own need for Medicaid waivers. To date, no waivers have been awarded.

FUTURE DIRECTIONS FOR LONG TERM CARE DEMONSTRATIONS

During 1987, HCFA devoted substantial staff resources on the further development of demonstrations to test the cost-effectiveness of prospective payment systems for nursing homes and the development of quality measures to improve the quality of care in nursing homes and home health agencies.

We will continue to test alternative financing schemes for long term care services, including patient-related or case-mix based prospective payment and competitive bidding systems for skilled nursing facility and intermediate care facility levels of care. We also intend to test the effectiveness of innovative State, local, and private programs to promote home care by the family or by other community support arrangements, such as in-home or other support services (adult day care, adult foster care, or shared housing) which substitute for or deter the use of institutional care for persons in need of long term care services. At the same time, we will continue to develop and test new appoaches to more accurately "target" home health and community-based care in order to identify groups for whom reconfiguration of current service models can be cost-effective.

We also will develop and test outcomes of quality for nursing home and home health services and the applicability of using payment generated data to monitor quality. In this light, we plan to conduct a multi-State demonstration integrating patient assessment for case-mix prospective payment sysem for nursing homes with the quality assurance process for these providers.

We also will be developing a demonstration testing prior and concurrent authorization of Medicare post-hospital extended care services.

Long-Term Care

RESEARCH ACTIVITIES

Long term care research activities in the ORD can be classified according to five objectives; Developing prospective payment systems for long term care; promoting alternatives to long term care; assessing and evaluting long term care programs; examining the effect of the hospital prospective payment system on long-term care providers; and supporting data development and analyses.

PROSPECTIVE PAYMENT

In the area of prospective payment, an Urban Institute study is analyzing alternative approaches to prospective payment for Medicare skilled nursing facilities (SNF's) and has investigated administrative factors that affect the efficiency of patient-related, rate-payment systems. Analysis of the Medicare cost reports of skilled nursing facilities has shown that several proxy measures of case mix are important factors in explaining differences in SNF per diem costs. Higher costs are associated with a greater percentage of Medicare days, a higher number of admissions per bed, and greater nursing hours per inpatient day. These factors may indicate facilities with a greater orientation towards the short-term, rehabilitative Medicare patient. This project provided much of the technical analysis contained in the report "Study of the Skilled Nursing Facility Benefit Under Medicare," that was submitted to the Congress in January 1985. Additional analyses continued through 1987 and will be used in a followup Report to Congress dealing with prospective payment reform for skilled nursing facilities under Medicare.

Other studies related to prospective payment include analyses of case mix differences and their incorporation into payment systems and analyses of State Medicaid payment systems.

Case-Mix Studies

The escalation of nursing home expenditures and the demand for services make it essential that methods be developed which ensure that long term care resources, which will become increasingly scarce, br properly matched with those most in need. The current payment system has been criticized for failing to differentiate according to the resources consumed by each nursing home resident, e.g., payment is the same for patients having less intensive needs compared to patients with "heavy care" requirements. This has resulted in problems of access to care for the latter group of patients. In order to solve this problem, appropriate systems to quantify the long term care needs of the elderly patient are required.

A variety of methods, including case-mix, have been designed which evaluate resource consumption of nursing home patients with the goal of developing more appropriate payment systems. A University of Colorado study has provided case-mix comparisons of Medicare and other nursing home patients and comparisons of patients in hospital-based and freestanding nursing facilities. Detailed results are presented in five publications based on the findings from this study. These are:

Kramer, A.M., P.W. Shaughnessy, and M.L. Pettigrew (1985). "Cost effectiveness implications based on a comparison of nursing home and home health case mix," *Health Services Research,* Vol. 20, No. 4, October 1985.

Shauhnessy, P.W. (1985). "Commentary: Long-term care research and public policy," *Health Services Research*, Vol. 20, No. 4, October 1985.

Shaugnessy, P.W., et al. (1985). "Nursing home case-mix differences between Medicare and non-Medicare and between hospital-based and freestanding patients," *Inquiry*, Vol. 22, No. 2, Summer 1985.

Shaughnessy, P.W., R.E. Schlenker, and M.B. Polesovsky (1986). "Medicaid and non-Medicaid case mix differences in Colorado nursing homes," *Medical Care*, Vol. 24, No. 6, June 1986.

Pettigrew, M.L., A.M. Kramer, and P.W. Shaughnessy (1987). "Hospital-based and freestanding home health case mix; implications for Medicare reimbursement policy," *Home Health Care Services Quarterly*, forthcoming.

This project also assessed nursing home and home health care for patients with the following problems: Stroke, decubitus ulcers, congestive heart failure, urinary incontinence, and mental problems, Emphasis was placed on comparing outcomes for these patients over time in hospital-based and freestanding nursing home care and those in nursing homes versus home health care. The findings suggested that nursing homes are more effective than home health agencies in terms of enhancing outcomes in the areas of catheter dependency, skin ulcers among incontinent patients, toileting ability, and transferring ability. In the other studies there were no significant outcome differences between nursing homes and home health agencies.

A Yale University project refined its earlier work on the correlation between long-term patient characteristics and the resources required for their care. The purpose of this research was to refine resource utilization groups (RUGs) and design a case-mix system which could provide a basis for differential payments to nursing homes based on the intensity of services consumed by groups of patients with similar care needs. These payments potentially could include nursing costs and costs of rehabilitative services, such as physical and occupational therapy. This project attempted to correct some deficiencies in the original RUG's, e.g., the inclusion of some process variable,s instead of just clinical variables, and reliance on subjective estimates of staff time. Unlike the prior project, it took into account the rate at which patients' conditions change. The final report for this project was received in December 1986. The project developed a revised five-group classification system called Patient Dependency Groups. The model was validated using data from New York State and the National Center for Health Services Research. This study also developed and tested models for analysis of rate of change of case mix. Based on findings in this research, the authors recommended that an annual measurement of the case mix of a facility, with an appeal mechanism for institutions that believe their index has changed significantly before that time, would be adequate for an equitable payment scheme.

Using a data base that contains information on the characteristics and resource consumption of 1,800 Medicare patients, researchers at Rensselaer Polytechnic Institute developed a patient classification system for Medicare SNF patients. The role of diagnostic variables and service/treatment variables as part of the classification system were evaluated. This project also began work developing relative case mix weights for each classification and methods for HCFA to use in computing total weights for all resources within long-term care facilities. Lastly, this project compared the Medicare classification system to the case mix system developed for long-term care in New York State (this project is discussed in the section on demonstrations).

The final report was received in July 1987. Findings indicate that Medicare patients differ significantly from the Medicaid patients used in the original Yale study. A more refined classification system, in some ways similar to that developed under the New York State RUG's demonstration project, but taking into account rehabilitation, was developed. In this new system, called RUG–T18, patients are first classified into five general types: Heavy rehabilitation, special care, clinically complex, severe behavioral problems, or reduced physical functioning. The rehabilitation group is split by number of therapies; then scores on activities of daily living are taken into account. The RUG–T18 system explains 55.5 percent of the total (nursing plus ancillary) per-diem costs of care.

Medicaid Payment Studies

Several States are currently using different methods of nursing home payment for Medicaid patients, some of which incorporate case-mix. Studies are underway which are evaluating the design and implementation of these systems and their effectiveness in achieving the goals of containing costs, maintaining or improving quality and ensuring access.

The University of Colorado has 4-year grant to compare long term care payment systems in seven States. West Virginia, Ohio, and Maryland will be used as examples of case mix States. Florida and Colorado will be studied as States with facility-specific prospective systems that do not incorporate case mix directly but still treat direct patient care costs separately from other cost centers. Texas and Utah will be used as States that utilize class rates for either the entire payment rate or the noncapital rate components. Data sources for this study include primary data gathered from the facilities and from patient samples, as well as secondary sources such as cost reports. Results are expected in late 1988.

The University of Southern Maine is studying the recently implemented nursing home prospective payment system in Maine. The study will conduct a 3 year pre-prospective payment and 3 year post-prospective payment impact analysis on cost, quality and access. Results are expected in late 1987.

PROMOTING ALTERNATIVES IN LONG-TERM CARE

Research activities in this area can be classified into two major divisions: Community-based alternatives to institutional care; and alternatives to current financing mechanisms of long term care.

Community-Based Alternatives

While nursing home care is appropriate for a small subset of the elderly population, evidence indicates that a substantial proportion of those who have been institutionalized could have continued to reside in the community with adequate support. Most aged persons with functional limitations prefer to remain in the community as long as possible. Noninstitutional approaches are being developed with the objectives of avoiding or delaying unnecessary institutionalization, maximizing the independence and welll being of the elderly, and providing care in the most cost-effective manner.

Current studies focusing on community-based alternatives to institutional care include such issues as family caregiving, utilization of home health services, determinants of public and private contribution in long term care provision.

A study by Abbott Northwestern Hospital replicated the methodology used in another HCFA funded study (Hunter College, 1982) to examine the family caregiving system of the elderly in Minnesota. Unlike the Hunter College project, the sample for this study was drawn from hospital patients rather than from clients of home health and other community based agencies. It also included rural as well as urban residents. Detailed data were collected on the caregiving experiences of families of disabled elderly which permitted this project to assess the impact of formal support systems, such as health and social services, on the provision of home care. This study also included a nursing home sub-study in which data were gathered on 150 hospital patients who wre discharged to nursing homes and their caregivers.

The final report for this project was submitted in June 1987. The project found that family members provide the vast majority of services needed by their disabled relative and that they are intensively involved in providing care. This caregiving role has an impact on all areas of the caregiver's life, including family relationships, employment, personal discretionary time, and outside activities with organizations and personal friends. The project also found that the use of formal services on behalf of the care recipient was surprisingly low. The most frequently used home-delivered services were homemakers and visiting nurses. The most commonly used community-based services were senior centers or day centers.

An interagency agreement between the Office of Research and Demonstrations and the National Center for Health Services Research and Health Care Technology Assessment is supporting a study of available protocols used to assist family members in caring for their disabled relatives in the home.

The University of Maryland is examining determinants of public and private contributions to long-term care of the elderly who are disabled by hip fractures. The impact of family size and composition, social support, family economic resources, and the aged individual's physical and mental health will be analyzed in terms of the decision to enter a nursing home or return home. The results are expected in 1988.

The Center for Health Policy Research at the University of Colorado is conducting an 18-month pilot project which will assess the feasibility of conducting a study that will compare the quality and cost of home health care provided under capitated and noncapitated payment systems for two groups of Medicare beneficiaries—clients admitted to home health care following a hospitalization, and those who have not been in a hospital for at least 30 days prior to the initiation of home care. Process and outcome quality measures would be developed and used with patient-level resource use measures to assess cost effectiveness of care in the two settings.

Alternative Financing Mechanisms

With the rapid escalation of public expenditures for long term care and the projected growth in the elderly population, many different alternatives to current financing mechanisms are being investigated. Two studies are being conducted which are examining the potential for increased family support, either through tax incentives or cost sharing under family responsibility laws. The market for long term care insurance is also being assessed. Another area being examined is the use of life care centers as a private financing mechanism for long-term care services. HCFA's interest in whether Medicare and Medicaid service use and costs are lower for life care residents than for comparable community residents.

In the first study, the Center for Health and Social Services Research is evaluating four State tax incentive programs (Idaho, Iowa, Arizona, and Oregon). The purpose of this project is to study selected State tax incentives that are believed to stimulate the informal caregiver system and reduce either current or anticipated demands on the formal long-term care system. Specific objectives are: (1) To describe and analyze tax incentives that have been implemented in selected States; (2) to develop a predictive model to identify those persons in the general elderly population and their informal caregivers who are likely to take advantage of tax incentives; and (3) to determine the potential impact of the tax incentive programs in preventing or delaying institutionalization. Results of the descriptive analysis have been received.

Of the 38 States responding who have broad based income tax structures, 5 currently have tax incentive programs, 23 have considered or are considering such programs and 10 have shown no interest in tax incentive programs. Existing and proposed programs are evenly divided between those offering tax exemptions or deductions and those offering tax credits. Tax credits are generally more favorable to the taxpayer than exemptions by a factor of four. Proposals are considerably more generous than enacted legislation.

Proposed or enacted legislation generally requires that the person receiving the tax incentive be a State resident, related to the person cared for, and providing direct care in the home, not in an institution. Some States place income limits on taxpayers eligible for the program, but such limits are seldom placed on the elderly receiving the care. The person receiving the care must generally be age 65 or older, usually with a definable physical and/or mental disability.

In the two States intensively studied, two out of three tax preparers were at least aware of the program, but only one-third had knowledge of its details. Among the social and health professionals from whom information on tax incentive programs might be obtained, only 40 percent were aware of the program and 10 percent had detailed information. Significant differences were apparent between the two States but no between the repetitions of the survey at 1 year intervals. Results from the impact analysis are expected by mid-1988.

The second study by the Hebrew Rehabilitation Center for the Aged studied the potential of alternate payment schemes for long term care by adult children of elderly in Massachusetts. In particular, the market for long term care (LTC) insurance was assessed. The study found that there was considerable interest expressed by children of the elderly in the purchase of LTC insurance for their parents, with 52 percent willing to pay for such insurance were it to become available. Study findings concerning the potential market for long-term care insurance indicate that there was a number of differences between children who were interested and those who were not interested in purchasing nursing home insurance for their parent(s).

Children who were interested in buying LTC insurance for their parents were more likely to consider themselves the primary caretaker of their parent; more willing to have their parent move in with them; less confident that family and friends could provide more help if needed; and more likely to indicate a willingness to pay for outside help for their parent if necessary. The research also: (1) Provided an estimate of children's resources available to share in the costs of long term care; and (2) assessed the attitudes of those children toward family responsibility proposals for sharing long term care costs.

In the life care area, Duke University conducted a study which compared life care residents with community residents over time with respect to functional status and health service utilization and costs. The study analyzed existing longitudinal data collected froma life-care facility in North Carolina and from the General Accounting Office survey of elderly people in Cleveland, OH.

The study found that life-care residents had increased social interaction, improved mental health, were in comparatively poorer physical health at entry than were community residents, but maintained their self-care capacity despite physical health declines. When first surveyed, the life-care residents and community elderly used similar services to a similar extent. A year later, service use changed little for community elderly, but life-care residents had notable increases in use of the kinds of services provided by the life-care facility-social/recreational, homemaker/household, checking, meal preparation, continuous supervision, personal care, physical therapy, and nursing care. Overall, service costs for life-care facility residents are significantly higher. But, when viewed in terms of functional equivalence, the service costs for life-care residents whose functional status improved during the 12-month period or remained unimpaired were typically lower than costs for comparable community elderly. When functional status remained or became impaired, life-care residents' costs were typically higher than those of community elderly. The researchers concluded that a more adequate sample needs to be studied in order to solidify the quantitative relationships between service use, service cost and functional class.

The Hebrew Rehabilitation Center for the Aged is evaluating life care communities. Major issues which this study will address are: (1) The types of elderly that enter life care communities; (2) the costs of services within the various types of life care communities and their comparison with costs of services within the community; (3) the differences in the use of formal health care services between elderly residents of life care communities and a similar population living in the community; and (4) the comparison of life satisfaction and longevity among the elderly in life care communities and among community-based elderly.

Data will be gathered from 20 life care communities in four States (Arizona, California, Florida, and Pennsylvania). Three types of life care community residents will be sampled: New admissions, existing tenants, and tenants who died just prior to the data collection period. For all but the termination sample (where there is a separate questionnaire), quality of life and service utilization data will be gathered for two points in time. Three types of comparison samples of elderly living in the community will be used. Results are expected in late 1988.

PROGRAM ASSESSMENT STUDIES

Medicare Studies

Another group of research studies investigate specific aspects of Medicare long term care policies. For example, as requested by section 904C of the Omnibus Reconciliation Act (ORA) of 1980, the University of Colorado has completed an evaluation of the "swing-bed" program under Medicare and Medicaid. The swing-bed option is open to hospitals with fewer than 50 beds located in rural areas with a shortage of long-term care resources. Among the issues examined in this evaluation are: The effect of such programs on availability and effective and economical provision of long term care services; whether such programs should be continued and whether eligibility to participate in the program should be extended to other hospitals, regardless of bed size or geographic location, where there is a shortage of long term care beds. Based on the study results and other information, a Report to Congress is being prepared which will consider the need for modifications to the swing-bed program. A subsequent supplement of this evaluation assessing the impact of the prospective payment system (PPS) to hospitals on the swing-bed program will be incorporated into the annual PPS Impact Report for 1988.

In October 1982, Congress expanded the Medicare benefit structure to include hospice care and created a new type of provider—hospices. The hospice benefit was originally authorized only to October 1986. In April 1986, the expiration provision was removed, making hospice a permanent Medicare benefit and also an optional Medicaid benefit. HCFA is evaluating the program experiences with the hospice benefit. Studies are addressing the issues of whether the coverage provisions of the benefit and the reimbursement methods are fair and equitable and promote the most efficient use of hospice care. The evaluation will analyze hospice costs, Medicare expenditures for hospice services, and the impact on the use and expenditures for other Medicare-covered benefits. A Report to Congress prepared by the Bureau of Eligibility, Reimbursement and Coverage was submitted in November 1986. An interim evaluation report which discusses the first 2 years of Medicare hospice benefit experience is available intitled, *Medicare Hospice Benefit Program Evaluation.* Preliminary analyses are reported. The final report will be available in May 1988.

Medicaid and Other Public Programs

In recent years, a number of different programs have been initiated by State and Federal Governments to improve the delivery and financing of long term care services. There are several projects underway to assess such programs.

The University of California at San Francisco will examine the effects of State Medicaid discretionary policy actions since 1981 and their effects on program utilization and expenditures for the nursing home market. It is a follow-on to a study previously funded by HCFA. The new study will update the existing data base and focus on both the aged and the disabled Medicaid populations who use these facilities. Results are expected in late 1987.

Another program assessment study involves the mentally retarded and developmentally disabled (MR/DD). The intermediate care facilities for the mentally retarded (ICF/MR) were one of the fastest growing benefits in the Medicaid program in recent years. An earlier University of Minnesota updated the only national information system on long term care services for the mentally retarded and developmentally disabled. National surveys of residential facilities and State statistical offices were conducted to monitor deinstitutionalization trends. Findings indicated that States vary remarkably in the total size and characteristics of their ICF/MR programs, in the proportion of their residential care systems certified for the ICF/MR program, and in the growth/reduction of their ICF/MR programs between 1977 and 1982. ICF/MR expenditures (both Federal and State) were the fastest growing component of both State residential care and Medicaid long-term care expenditures. In order to gain further insights into this beneficiary population and the operation of the program, HCFA and the National Center for Health Services Research (NCHSR) and Health Care Technology Assessment are sponsoring the 1988 National Medical Expenditure Survey (NMES). This survey will obtain data on a sample of residents in ICF/MR's and mentally retarded persons living in other group care arrangements. The data will include information on individual characteristics, their use of services, and the facilities in which they live. This is discussed further in the section on Longitudinal Surveys and Analyses.

A newly founded University of Minnesota study will update information on the status and changes in residential services for the mentally retarded using data which were obtained through the inventory of long-term care places, the sampling frame for the Institutional Component of the National Medical Expenditures Survey. This project will also conduct and analyze case studies of selected State's programs for serving the mentally retarded.

In 1983, HCFA's Office of Research and Demonstrations began an evaluation project to assess the changes made in the Medicaid Program as a result of recent legislation. The Medicaid Program evaluation focuses principally on program changes since the Omnibus Budget Reconciliation Act (OBRA) of 1981, an Act which considerably increased State flexibility in determining eligibility, reimbursement, and coverage under the program.

Issues for study were selected by interviewing over 40 Medicaid policymakers regarding evaluation needs. The key components of the evaluation are:

a. Home and Community Based Waiver Program

Under Section 2176 of OBRA 1981, States under a waiver may institute a variety of home and community based services to individuals who "but for" the waiver would be in long-term care institutions. The major questions are: (1) Has the program reduced institutionalization? (2) Has the program reduced costs? (3) Has there been cost shifting from other programs, specifically Title XX of the Social Security Act and Title III of the Older Americans Act? (4) Can we identify the elements of a successful program? This phase of the evaluation is being conducted by LaJolla Management, Inc. A Report to Congress on preliminary results of the evaluation was completed in 1985 and is available.

b. Financial incentives for family care

Several States provide financial support through direct payments or tax incentives to family members to help them to care for their elderly relatives in the home. The major questions are: (1) What programs are in operation? (2) What have been their costs and savings? (3) Who are the beneficiaries of such programs, and what are their characteristics? (4) What are the characteristics of functionally limited persons living in the community which permit them to avoid institutionalization? (5) What are the characteristics of successful programs? Systemetrics, Inc., and LaJolla Management, Inc., are conducting this part of the evaluation. A working paper entitled "Shared Obligations" has been completed and is available.

c. *Inpatient hospital reimbursement*

To help bring hospital costs under control, OBRA 1981 granted the States new flexibility in the establishment of inpatient hospital reimbursement methods. Major questions are: (1) What responses have States made to the options permitted by Federal law? (2) Have reductions in expenditures resulted? (3) Specifically, what has been the impact of the California program? Two other State programs will be studied for comparison. (4) What have been the effects on recipients and providers of care? (5) Have costs been shifted to private payors? (6) To what degree and in what ways has the implementation of Medicare prospective reimbursement impacted State Medicaid programs? Abt Associates is conducting this part of the evaluation.

d. *Freedom of choice waivers*

Under Section 2175 of OBRA 1981, States may institute a variety of programs (with and without waivers) to reduce costs by limiting the provision under Medicaid which guarantees freedom of choice of provider. Major questions are: (1) How have the States responded to this provision? (2) Have there been program savings? (3) How have access to and quality of health care been affected?

e. *Eligibility*

OBRA 1981 contained several changes which directly and indirectly reduced the number of persons eligible for Medicaid. The major questions are: (1) How have the States responded to these provisions? (2) How have eligibility changes in related programs (AFDC and SSI) affected Medicaid enrollment? (3) How have entitlement and expenditures been affected? (4) How has the reduction in Medicaid coverage affected other assistance programs, out of pocket expenditures, and costs to hospitals and other payors? A working paper called "Medicaid Eligibility: A Descriptive Report on OBRA, TEFRA, and DEFRA Provisions and State Responses," is available.

f. *Cost-sharing*

Under TEFRA 1982, States are permitted to impose nominal copayments, with certain limitations, to reduce program outlays and to instill cost-consciousness on the part of the recipients. Major questions that arise are: (1) How have the States responded, and (2) What has been the effect of copayments on utilization and costs?

g. *Federal financial participation*

OBRA 1981 provides for the reduction of Federal matching funding for 3 years, beginning October 1, 1982, subject to certain exemptions. The major questions are: (1) Which States were exempted from the reductions and for what reasons? (2) How much did the Federal Government save? (3) How did the States adjust to reduced funding? Several working papers, including "The Effects of the 1981 Omnibus Budget Reconciliation Act on Medicaid," are available.

h. *Subsequent legislation*

The principal legislative change since OBRA has been Medicare prospective payment. Impacts on Medicaid will be addressed.

i. *Synthesis*

A final task of the evaluation will be an interpretive synthesis of the study results.

Evaluation components d. through h. are being conducted by James Bell and Associates. The project will produce reports in the form of working papers on all studies. The completed Synthesis Report and all working papers are expected to be available early in 1988.

Expansion of the Role of Nurse Practitioners

HCFA is also investigating the expanded role of nurses in the long term care area. A study by the Rand Corporation is evaluating the potential of the use of geriatric nurse practioners (GNP) for improving outcomes of care and containing costs in skilled nursing facilities. Rand is assessing this potential by evaluating the effects of the Mountain States Health Corporation's GNP demonstration project. Thirty nursing homes that have a GNP are being compared with 30 nursing homes that did not have one on four points: patient outcomes, process of care, nursing home costs, and history of certification deficiencies. Results of this study will be available in 1988.

IMPACT OF HOSPITAL PROSPECTIVE PAYMENT ON THE LONG TERM CARE SYSTEM

The hospital prospective payment system (PPS), based on fixed payments for diagnosis-related groups, provides incentives to limit costs for each Medicare patient by controlling the amount of services provided or limiting the hospital length of stay, or both. Such incentives can potentially affect the long-term care system in several ways. Hospitals may respond by shifting care to settings outside the hospital. This shift to other settings may be appropriate for those with less intense service requirements and may result in cost savings for the health system. However, it is also possible that patients may be prematurely discharged from the hospital and the alternative settings may not be able to serve these patients' needs adequately. There may not be overall cost savings because of a greater number of patients being discharged to long-term care settings and more intensive services being required. Several studies have begun which examine effects of the hospital PPS on long-term care providers and on patients discharged to these settings.

The purpose of a study being conducted by Georgetown University is to: (1) Determine how much the hospital PPS shifts care from the hospital to skilled nursing facilities (SNF's) and to home health providers; and (2) analyze the impact of this shift on total costs to Medicare and on changes in SNF characteristics that are likely to increase use by Medicare beneficiaries in the future. Medicare claims will be analyzed to determine how PPS has affected total service use (hospital, SNF, and home health) and costs for hospitalized patients. In addition, SNF's will be surveyed to identify changes in nursing home patients, services, and market structure likely to affect Medicare use. The survey will be supplemented with data from the Medicare Medicaid Automated Certification System, SNF cost reports and other sources. Results of the nursing home survey will be available in early 1988, while the results of the Medicare claims analysis are expected in 1989.

Duke University was recently funded to examine trends in patterns of post hospital service use (including PPS impact) and their impact on outcomes. Using several data bases, this project will examine the pattern of care delivered after hospitalization for different types of hospitalized patients, as distinguished by diagnoses, age, sex, and other data elements contained on the Medicare Part A bill. Post hospital use patterns will be examined in terms of types and duration of Medicare services received and the proportion of patients receiving care. Similar patterns will be examined for non-hospitalized Medicare beneficiaries. The study will be completed in 1990.

The study entitled *Changes in Post Hospital Use by Medicare Beneficiaries* is currently being conducted by Abt Associates as part of the Prospective Payment and Analytical Support Studies contract. The purpose of this study is to examine Medicare post hospital use pre- and post-PPS implementation to determine whether any changes have occurred. Using existing Medicare data for the period 1980 through 1986, the study will examine SNF and HHA care received within 60 days of hospital discharge.

For the period 1980–85, the study found that SNF use was found to increase after the first 2 years of PPS with a decline in the number of covered days in the PPS States. In the PPS waiver States, SNF also increased but not as much as in the PPS States, while the number of covered days stayed almost the same.

The study found an increase in HHA use, but there was a larger increase in the percentage of hospitalized beneficiaries using HHA services in the 2 years prior to PPS than in the 2 years after PPS in the PPS States. There was also an increase in HHA use in the waiver States prior to PPS but almost no change in the PPS period. Actually, the difference in rate of HHA use between waiver and PS States converged during this period. These data suggest that other trends besides PPS are affecting home health.

A time series analysis was conducted by Abt Associates to identify PS effects on post-hospital care utilization. Utilization measures for 20 quarters (1981 through 1985) were aggregated to the hospital quarter level. There was a marked increase in the number of discharges experiencing SNF admissions within 7 days of discharge for hospitals covered by PPS; this was not found in hospitals in waiver States. HHA visits within 7 days of discharge increased but the trend could be explained by the overall increase in HHA utilization. A multivariate analysis also suggests that PPS has increased SNF admissions by 65 percent while increasing the percentage of HHA visits within 7 days by only 14.3 percent. Thus, the study indicates that PPS may have more of an impact on SNF rather than HHA utilization. Analyses are continuing with 1986 data included.

The Rand Corporation also conducted pre- and post-PPS study of post-hospital care services. They developed a Medicare data base linking hospital, skilled nursing and home health care episodes during 1984-85. The same overall trends found in the Abt study were replicated in the Rand study: Propensities to use SNF and HHA care rose; SNF stays were shorter; and the average number of home health visits increased. These overall trends held with very few exceptions for the DRG's that account for the bulk of Medicare post-hospital care. The study found very wide variation from one State to another in the fraction of Medicare patients who use post-hospital care, how much of this care they use, and how much it costs. This variation did not diminish from the pre- to the post-PPS period. Neither was this variation a reflection of differences in the underlying Medicare populations from one State to another. Correction for age, sex, and case mix differences across States did little to reduce this variation. Variations in the utilization and the costs of post-hospital care appear to reflect real differences in how Medicare patients are treated. More detailed information is available in their final report, *Post-Hospital Care Before and After the Medicare Prospective Payment System.*

In June 1985, the scope of the evaluation of the swing-bed program being conducted by the University of Colorado was expanded to include an assessment of the impact of the hospital PPS on the program. The swing-bed concept directly affects the continuum of care decisions at the hospital/skilled nursing facility interface. It is at that point where the effects of PPS are most likely felt. Expanding the scope of the original evaluation will provide a focused analysis of the effects of PPS at this point of impact. Since the institution of PPS, there has been a rapid growth in the number of hospitals offering swing-bed services. The report on this aspect of the evaluation is expected in mid-1988.

Two other University of Colorado studies also addressed these issues. One collected case mix data during 1986 to permit an analysis of changes in nursing home and home health care case mix since the introduction of the Medicare prospective payment system for hospitals in 1983. In 1983, the University of Colorado sampled 600 patients in high-volume Medicare skilled nursing facilities in 5 States (California, Pennsylvania, Ohio, Michigan, and Texas), and 600 non-Medicare patients in hospital-based and freestanding nursing homes in 10 States (Arkansas, California, New York, Michigan, Minnesota, Colorado, Florida, Virginia, Pennsylvania, and Ohio). The 1983 data served as baseline case mix information for comparison with the 1986 data. The other study examined patient-level process indicators of quality of care provided to SNF and home health patients before and after PPS. It also assessed pre-post-PPS differences in patient care practices and outcomes as reported by providers of patient care.

A major report for these projects was received in July 1987. The findings on the impact of PPS on long-term care indicated that:

—The effect of PPS on nursing home case mix differed depending upon whether or not homes served a large proportion of Medicare patients.

—Patients in the few homes served a large proportion of Medicare patients (Medicare Homes) had increased subacute care needs, but were not more disabled in 1986 compared to 1983.

—Patients in the vast majority of homes (i.e., homes which have few Medicare patients) were more disabled following PPS, but did not have increased subacute care needs. The more disabled patients were probably diverted from "Medicare Homes" which had begun serving a larger number of subacute needs and were more disabled.

—Quality of care provided prior to the implementation of PPS has generally been maintained.

The *Health Status at Discharge Research Project* has been conducted under the auspices of the Northwest Oregon Health Systems (NOHS) Agency. The purpose of this cooperative agreement was to develop and test an instrument for measuring dependency at the time of hospital discharge based upon medical record data and to provide very *preliminary* data on whether patient dependency has changed since PPS was introduced. The study was based upon a small sample of approximately 2,600 medical records from four hospitals in the Portland, OR area between October 1981 and July 1985. Of the five DRG's studied, three DRG's (pneumonia, stroke, and hip replacement) showed statistically significant increases in discharge dependency after PPS implementation. These results should be interpreted with extreme caution because of the nature and size of the sample. The data collection instrument was found to be reliable and valid based on the methods used.

The *Pilot Study of the Appropriateness of Post-Hospital Care Received by Medicare Beneficiaries* is being conducted under contract to System Sciences, Inc., and Mathematica Policy Research. This study is intended to develop and test methods for directly measuring the adequacy of post-hospital "aftercare." Key tasks under this project include: (a) Developing a classification scheme of patients based upon risk of inadequate aftercare, (b) constructing professionally developed guidelines which can be used to identify instances of inadequate aftercare services, (c) defining adverse outcomes by which inadequate aftercare can be measured, and (d) developing an overally study plan which utilizes the above methologies in a national study. This project will take into account all aftercare services, including formal and informal support, services, and will be based upon comprehensive, primary (medical record and interview) data. The planned completion date for this pilot is August 1988, with a national study being planned as the next stage.

A University of Minnesota study of the course and outcomes of post-acute care, entitled "Natural History of Post-Acute Care for Medicare Patients," has two major components: (1) Analysis of Medicare data to assess differences in patterns of care across the country and to determine the extent of substitution where various forms of post-acute care services are more or less available, and (2) detailed examination of clinical cases from the most common diagnosis related groups (DRG's) receiving post-acute care in a few selected locations. Measures of the complexity of the clinical cases will be developed using a modification of the Medisgroups system.

DATA DEVELOPMENT AND ANALYSIS

In the past, information on the health status and health care utilization of the long term care population has been drawn almost exclusively from cross-section surveys, such as the National Nursing Home Survey. While useful, cross-section data have limitations. Two longitudinal survey efforts will provide a better picture of the transitions of disabled elderly living in households and institutionalized patients.

Longitudinal Surveys and Analyses

The Long Term Care Survey interviewed 6,000 disabled elderly living in households in 1982 to determine the extent of their dependencies, utilization of both informal and formal services, and their income and assets. Descriptive reports will be produced beginning in the spring of 1984. Currently planned are reports on demographic characteristics, ADL's and IADL's, formal and informal support services, and income and assets. A paper giving a descriptive profile of the aged functionally impaired persons in the community in 1982 was published in the summer 1986 issue of the *Health Care Financing Review.* In 1984, these same persons were resurveyed to determine how they have fared since 1982. The resurvey will enable us to identify the most important factors that enable persons to remain in the home. In addition, those persons who were in institutions as well as persons who were not previously disabled will be included. This entire sample should provide a total picture of the functionally impaired elderly. A public use tape of the data collected on persons in the 1982 and 1984 surveys is expected to be available by the end of 1987.

The Caregiver Survey, a supplement to the 1982 Long-Term Care Survey, collected data on the kind, amount and cost of informal care for a sample of 1,900 informal caregivers. NCHSR and HCFA have collaborated in analyzing the survey and three reports have been produced. These reports are: (1) "Caregivers of the Frail Elderly: A National Profile," (2) "The Caregiving Role: Dimension of Burden and Benefits;" and (3) "Caregiver Attitude to Nursing Homes."

A survey of persons using long-term care facilities, particularly nursing homes, facilities for the mentally retarded, and psychiatric hospitals, is a key part of the Institutionalized Persons Components of the 1987 National Medical Expenditure Survey (NMES). This survey is obtaining data on the use of health care services in 1987 by persons who were resident in long-term care facilities on January 1, 1987, and those who are subsequently admitted to these facilities. The data on the use of and expenditures by these persons for health care services in 1987 will include those used prior to, during, and subsequent to their residence in a long-term care facility. This survey will provide the most comprehensive data on the use of and expenditures for health care services of persons requiring long-term care.

Longitudinal analysis and projections are also being conducted under a grant to Duke University. The grantee has developed state-of-the-art statistical methods for using mortality data to estimate and project the incidence of specific chronic diseases (e.g., cancer). The grantee will use HCFA-sponsored survey data, including the Long Term Care Survey, to forecast future changes in health status of the aged population and service needs. The report will also analyze the rate of transition of functionally impaired elderly persons from community residence to institution placement and the factors associated with such movement.

A Harvard University project which was funded in July 1984 collected the fourth series of self-reported information from the Massachusetts Health Care Panel Study cohort. The cohort consists of persons who were, in 1974, selected in a statewide probability sample of persons 65 years of age or older. Harvard is analyzing the data from each series of interviews to determine indications of functional decline prior to death, predictors of long-term institutionalization, and interrelationships among physical, behavioral, and social characteristics and subsequent health care and social services use and mortality. The final report is due in late 1987.

Other HCFA Data Activities

Certain information concerning long term care services is routinely abstracted from the Medicare claims payment system and reported by HCFA. These are long stay hospitals, skilled nursing facilities, and home health services. Data relate primarily to length of covered stay, amount reimbursed for services, and types of facilities. Trend data are routinely available for these items.

HCFA is continuing work to enhance national Medicaid statistics by obtaining person-level data from State Medicaid Management Information Systems (MMIS). Major project goals include the development of uniform data sets among participating States; production of standard reports describing enrollment, use and expenditures under Medicaid; and support for special studies that focus on important policy, program management or other research issues for Medicaid. HCFA has obtained MMIS data from five States: California, Georgia, Michigan, New York, and Tennessee for the years 1980 through 1982 and is requesting data for 1983 and 1984. Data are extracted for enrollees, providers and claims for all types of Medicaid services, including long term care. In general, these data will be used to analyze expenditures and utilization of long term care services and to study the total care provided to institutionalized individuals under Medicaid. Several analyses are underway to study the older aged population (85 years and older), multi-State analysis of expenditures and utilization of long-term care by the aged, transitions from inpatient hospital to long-term care, and aged persons with hip fractures.

Systemetrics/McGraw Hill has recently completed a research project using the above Medicaid data which examined uniform Medicaid cost and utilization data for recipients of intermediate care facility services for the mentally retarded (ICF-MR) in three States (California, Georgia, and Michigan). Findings are available on the sociodemographic characteristics of the ICF-MR population, the use and cost of ICF–MR services, public and private expenditures for ICF–MR care, the utilization and costs of acute care services by ICF-MR recipients, and movement within the ICF-MR program. This study found that, in all three States, more than 75 percent of the ICF-MR recipients were in the ICF-MR for all of 1982. In California and Michigan, where dates of admission were available, 25–30 percent of the recipients had lived in the same facility for at least 12 years. The younger and less disabled ICF-MR recipients were more likely to be admitted or discharged throughout the studied year (1982). The average annual cost of ICF-MR care ranged from $26,617 per recipient in Georgia to $36,128 in Michigan. In general, ICF-MR recipients were low utilizers of Medicaid services other than ICF-MR care, although the study did identify a subgroup of recipients with high acute care needs in addition to their need for ICF-MR care. Approximately one-third of all ICF-MR recipients are also covered by Medicare due to their eligibility for Social Security Disability Insurance benefits under the category of adult disabled children.

A new tape-to-tape study, also being conducted by Systemetrics/McGraw Hill, will examine the costs and utilization of services by the chronically mentally ill.

As part of an interagency agreement between the Office of Research and Demonstrations and the National Institute on Aging, initial work is being undertaken to assess the feasibility of developing a computerized inventory of research on aging. Because of the projected costs, less expensive means of sharing information among agencies involved in aging research were favored.

Skilled Nursing Facility Prospective Payment

Alternative Nursing Home Reimbursement Systems for Medicare

Project No.: 16-C-98274/3-01
Period: January 1983 - March 1987
Funding: $ 450,601
Award: Cooperative Agreement
Awardee: The Urban Institute
2100 M Street, NW.
Washington, D.C. 20037
Project Officer: Philip Cotterill
Division of Reimbursement and Economic Studies

Description: This study is analyzing alternative approaches to prospective payment for Medicare skilled nursing facilities (SNF's) and investigating administrative factors that affect the efficiency of patient-related, rate-payment systems. The data used in this study were derived from 1980 Medicare cost reports and the Medicare/Medicaid automated certification system. The merging of these files produced a data base that included 3,492 of the 4,900 Medicare certified SNF's filing cost reports in 1980. These sample facilities accounted for roughly seven-eighths of all Medicare patient days provided that year. The data files are being updated with 1982 and 1983 data.

Status: This project provided much of the technical analysis contained in the "Study of the Skilled Nursing Facility Benefit Under Medicare," that was submitted to the Congress in January 1985. In addition, results from this project were published in an article and a working paper:

- "State rate-setting and its effects on the cost of nursing home care," Journal of Health Politics, Policy and Law, Vol. 9, No. 4, Winter 1985.
- "Cost and Case-Mix Differences in Hospital-Based and Freestanding Skilled Nursing Facilities," Working Paper, Urban Institute 3267-01, April 1984.

Analysis of the Medicare cost reports of skilled nursing facilities indicates that several proxy measures of case mix are important factors in explaining differences in SNF per diem costs. Higher costs are associated with a greater percentage of Medicare days, a higher number of admissions per bed, and greater nursing hours per inpatient day. These factors may indicate facilities with a greater orientation towards the short-term, rehabilitative Medicare patient. The factors only partially explain the higher costs observed for hospital-based, as opposed to freestanding SNF's. The project has been extended through March 1987 to assist the Health Care Financing Administration in analyzing options for SNF prospective payment under Medicare.

Resource Utilization Groups: Validation and Refinement of a Case-Mix System for Long-Term Care Reimbursement

Project No.: 18-C-98499/1-01
Period: July 1984 - September 1986
Funding: $ 248,924
Award: Cooperative Agreement
Awardee: Yale University
School of Organization and Management
New Haven, Conn. 06520
Project Officer: Marni Hall
Division of Reimbursement and Economic Studies

Description: This project continues Yale's prior work (also supported by the Health Care Financing Administration), which developed the resource utilization groups (RUG's) classification system for residents of long-term care facilities. This project refined the original RUG's and corrected deficiencies, e.g., the inclusion of some process variables, instead of just clinical variables, and reliance on subjective estimates of staff time. Unlike the prior project, it took into account the rate at which patients' conditions change.

Status: This project developed a revised five-group RUG's model. The model was validated using data from New York State and the National Center for Health Services Research. This study also developed and tested models for analysis of rate of change of case mix. The draft final report is expected in Fall 1986.

Case-Mix Measure for Long-Term Care Medicare Patients

Project No.: 18-C-98581/2-01
Period: July 1984 - September 1986
Funding: $ 253,199
Award: Cooperative Agreement
Awardee: Rensselaer Polytechnic Institute
School of Management
Troy, N.Y. 12181
Project Marni Hall
Officer: Division of Reimbursement and Economic Studies

Description: This project is a continuation of work begun under a Health Care Financing Administration-sponsored Yale University grant to develop resource utilization groups (RUG's) for long-term care patients. The RUG's contain individuals with similar resource consumption. The original set of RUG's was developed by using mostly Medicaid patients. This project developed RUG's for Medicare skilled nursing facility patients. The role of diagnostic variables and service/treatment variables as part of the classification system was evaluated. This project will also discuss the development of relative case-mix weights for each classification.

Status: Findings indicate that Medicare patients differ significantly from the Medicaid patients used in the original Yale study. A far more refined classification system, in some ways similar to that developed under the New York State RUG's demonstration project, was developed. A draft final report from this project is expected in Fall 1986.

Evaluability Assessment of the Medicare Prospective Payment System on Long-Term Care

Project No.: 100-84-0032
Period: October 1984 - January 1986
Funding: $ 129,891
Award: Contract
Contractor: Urban Institute
2100 M Street, NW.
Washington, D.C. 20037
Project Marni Hall
Officer: Division of Reimbursement and Economic Studies

Description: This project was funded by the Office of the Assistant Secretary for Planning and Evaluation. The role of the Office of Research and Demonstrations was to serve on a Departmental work group that provides ongoing technical direction and review of the work produced. The purpose of this study was to develop an evaluation strategy for investigating the impact of the Medicare prospective payment system (PPS) on the long-term care population and the long-term care system. The contractor was responsible for identifying potential patient, facility, and system-level changes that may result from the implementation of PPS. This study examined the extent and the manner in which the implementation of PPS has altered demand, utilization, and expenditures for long-term care services. The contractor also developed methodologies for examining the impact of those changes.

Status: The final report entitled "Evaluability Assessment of the Medicare Prospective Payment System on Long-Term Care," has been completed. It consists of three documents:

- A report that identifies a comprehensive list of evaluation issues and provides an overview of relevant literature including an annotated bibliography.
- A report that identifies, describes, and assesses data sets that can be used to address the evaluation issues.
- A report that presents a set of discrete research projects designed to fill the primary knowledge gaps about the impact of PPS on the post-discharge care provided to frail, functionally impaired elderly and individuals with underlying acute medical conditions.

Home Health

Home Health Agency Prospective Payment Demonstration

Project No.: 500-84-0021
Period: December 1983 - December 1988
Funding: $ 2,523,559
Award: Contract
Contractor: Abt Associates, Inc.
1055 Thomas Jefferson Street, NW.
Washington, D.C. 20007
Project Officer: William Saunders
Division of Long-Term Care Experimentation

Description: The purpose of this project is to develop and test alternative methods of paying home health agencies on a prospective basis for services furnished under the Medicare and Medicaid programs. The demonstration will enable the Health Care Financing Administration to evaluate the effects of various methods of prospective payment on Medicare and Medicaid expenditures, quality of home health care, and home health agency operations.

Status: A contract was awarded in December 1983 to Abt Associates for development and implementation of the demonstration. The initial phase of the project involves the development of the specific payment methodologies; establishment of a research design and evaluation strategy; design of a process to monitor the quality of care provided under the demonstration; development of data collection and status reporting plans; and identification, selection, and training of participating home health agencies. The payment methodologies will then be tested for 3 years to determine the effects on Medicare and Medicaid expenditures, quality of care, and home health agency operations. The implementation of the demonstration has been delayed pending approval of waivers of the Medicare statutory and regulatory requirements necessary to conduct the demonstration.

Development of Home Health Agency Competitive Bidding Models

Project No.: 500-84-0033
Period: June 1984 - December 1986
Funding: $ 267,079
Award: Contract
Contractor: Center for Health Policy Studies, Inc.
5865 Robert Oliver Place
Columbia, Md. 21045
Project: Officer: William Saunders
Division of Long-Term Care Experimentation

Description: This project is mandated by Section 6 of the Orphan Drug Act, Public Law 97-414. In the interest of testing purchasing and payment methods that would bring competitive market forces into the health care field, the Health Care Financing Administration has awarded a contract for the development of several models of competitive bidding for home health services under Medicare and Medicaid.

Status: A contract was awarded in June 1984 to the Center for Health Policy Studies to develop several alternative competitive bidding models. The contractor will also develop a research design and evaluation strategy for a possible subsequent demonstration project to test the bidding models. Two reports have been completed:

- "Review of the Literature and Experience of Competitive Bidding for Health Care Services," January 1985.
- "Market Study for Home Health Care Services," February 1985.

The project has been extended until December 1986 to provide additional time to complete three reports. These reports will provide a detailed description of the bidding models and the proposed demonstration project.

Hospice

National Hospice Study

Project No.: 99-P-97793/1-03
Period: September 1980 - June 1984
Funding: $ 2,890,840
Award: Grant
Grantee: Brown University
Division of Biology and Medicine
Box G
Providence, R.I. 02912
Project Officer: Spike Duzor
Division of Long-Term Care and Experimentation

Description: This study evaluated the effects of providing hospice services to terminally ill Medicare patients. The Health Care Financing Administration conducted a major hospice demonstration/evaluation involving 26 sites during a 3 1/2-year period. Hospice sites provided traditional Medicare benefits and hospice-type services including outpatient drugs, home respite care, and continuous nursing care.

Status: The results of the study indicate that the hospice concept favorably compares with traditional Medicare services for quality-of-life outcomes. Hospices that had a comprehensive home care program were cost effective when compared with the traditional Medicare benefit. Generally, it was determined that hospice-type care can provide the necessary emotional, psychological, and medical support that would permit terminally ill patients to remain at home during their final months of illness and thereby eliminate long and costly periods of institutionalization. The final report is available through the National Technical Information Service, accession number PB86-226073/AS.

Hospice Patient Outcomes and Quality of Care

Project No.: 18-C-98615/01
Period: July 1984 - December 1985
Funding: $ 123,870
Award: Cooperative Agreement
Awardee: Hebrew Rehabilitation Center for Aged
Department of Social Gerontological Research
1200 Centre Street
Boston, Mass. 02131
Project Officer: Feather Ann Davis
Division of Beneficiary Studies

Description: The purpose of this research is to contribute to knowledge concerning variations in hospice patient quality-of-life measures according to type of hospice setting, type of services provided, and other relevant variables. The overall goal is to use two longitudinal data sets to extrapolate findings concerning the relationship between program and patient characteristics, and variations in pain and other symptoms experienced by hospice patients as death approaches. The data were collected as part of the National Hospice Study sponsored cooperatively by Health Care Financing Administration, Robert Wood Johnson Foundation, and the Hartford Foundation. The research consisted of two interrelated analyses: the primary one by Sylvia Sherwood and John Morris of Hebrew Rehabilitation Center for Aged and another conducted by Jeffrey Hiris and Vincent Mor of Brown University Program in Medicine under subcontract.

Status: The final report has been received and accepted. It will be made available through the National Technical Information Service. Two separate papers were submitted as part of the final report: "Hospice Organizational Characteristics and the Patient's Quality of Life Organizational-Level Analysis," by Jeffrey Hiris and Vincent Mor, and "Pain and Symptom Control of Hospice Patients," by Sylvia Sherwood, John Morris, and Matthew Archibald. The analyses revealed little overlap between variables that correlate significantly with the pain and the symptom control dependent variables, indicating that pain and symptoms represent very different phenomena which have different service implications. Specifically, it was found that patient involvement in own treatment and having a spouse as primary care provider were associated with less favorable pain control. The authors discuss the implications for training of families caring for patients at home.

Noncertified Hospice Cost Analysis

Project No.: 500-85-0038
Period: June 1985 - June 1987
Funding: $ 1,373,469
Award: Contract
Contractor: Jack Martin and Co.
30150 Telegraph Road, Suite 155
Birmingham, Mich. 48010
Project: Feather Ann Davis
Officer: Division of Beneficiary Studies

Description: This study is designed to collect fiscal year 1985-86 cost data from a stratified random sample of 100 hospices that are not participating in the Medicare hospice benefit, to serve as a control group for the evaluation of the Medicare hospice benefit legislation.

Status: Participation in the study is still being solicited, but 90 hospices of the target sample of 100 hospices are participating. Fiscal year 1985 data collection is under way.

Population-Based Study of Hospice

Project No.: 18-C-98674/0-02
Period: September 1984 - September 1987
Funding: $ 450,712
Award: Cooperative Agreement
Awardee: Fred Hutchinson Cancer Research Center
1124 Columbia Street
Seattle, Wash. 98104
Project Feather Ann Davis
Officer: Division of Beneficiary Studies

Description: This is a study of utilization among hospice and nonhospice terminal cancer patients; the effect of hospital prospective reimbursement on hospice case load and length of stay; and hospice penetration of the market. Seven data sets will be linked in order to provide both economy and power. The area under study is 13 counties in western Washington.

Status: The project was delayed about 6 months in start up because of delays in staff hiring and the processes of finalizing hospice participation. Data collection is under way.

Nature, Process, and Modes of Hospice Care Delivery

Project No.: 500-85-0022
Period: April 1985 - April 1987
Funding: $ 376,474
Award: Contract
Contractor: Joint Commission on Accreditation of Hospitals
875 North Michigan Avenue
Chicago, Ill. 60611
Project Feather Ann Davis
Officer: Division of Beneficiary Studies

Description: This project is part of the Medicare benefit hospice evaluation. Surveys were conducted of a representative sample of both Medicare certified and noncertified hospices in order to describe and to understand what care is being provided, how it is being provided, and by whom. The emphasis is on the qualitative and quantitative description of variations in the nature, characteristics, and processes employed by hospices as measured by the Joint Commission on Accreditation of Hospitals' standards and associated requirements. It is the intent of this project to determine how representative Medicare-certified hospice providers are and the effects of certification on hospice care.

Status: The sample has been obtained and onsite surveys have been conducted. Clearance by the Office of Management and Budget for a mail survey was received. Data for both onsite and mail surveys have been received and are being analyzed. The final report is due in late Spring 1987.

Title XVIII Hospice Benefit Program Evaluation (Medicare)

Project No.: 500-85-0024
Period: April 1985 - March 1988
Funding: $ 1,295,156
Award: Contract
Contractor: Abt Associates, Inc.
55 Wheeler Street
Cambridge, Mass. 02138
Project Officer: Feather Ann Davis
Division of Beneficiary Studies

Description: This project addresses many of the questions raised by the Tax Equity and Fiscal Responsibility Act of 1982 (Public Law 97-248) and Deficit Reduction Act of 1984 (Public Law 98-369). The objectives of this evaluation are to determine "whether or not the reimbursement method and benefit structure...for hospice care under Title XVIII...are fair and equitable and promote the most efficient provision of hospice care...and make recommendations for legislative changes in the hospice care reimbursement or benefit structure." Specific information will be provided on the current prospective payment system for hospice. The evaluation will address congressional and departmental needs for information on the hospice benefit for making decisions regarding the possible modification of the benefit and the reimbursement mechanisms of the ongoing program operation. Reports will be prepared by February 1987 and February 1988.

Status: Analytic work is under way utilizing available Health Care Financing Administration 1984 and 1985 administrative data on hospice patients and a comparison group of Medicare cancer patients who died in 1984 and 1985.

STATE PROGRAMS FOR LONG-TERM CARE

Community-Based Care

Demonstration of Community-Wide, Alternative Long-Term Care Model

Project No.: 11-P-90130/2-10
Period: July 1976 - July 1986
Funding: $ 960,938
Award: Grant
Grantee: New York State Department of Social Services
40 North Pearl Street
Albany, N.Y. 12243
Project Officer: William Saunders
Division of Long-Term Care Experimentation

Description: The New York State Department of Social Services demonstrated alternative approaches to delivering and financing long-term care to the adult disabled and elderly Medicaid population of Monroe County, New York. The project developed the Assessment for Community Care Services (ACCESS) model as a centralized unit responsible for all aspects of long-term care for Monroe County residents 18 years of age or over who are eligible for Medicaid and have long-term health care needs. ACCESS staff provided each client with comprehensive needs-assessment and case-management services.

Status: The project received waivers to permit provision of certain community long-term care services not normally provided under Medicaid in New York. After the project became operational in 1977, more than 23,000 people with potential long-term care needs received assessments under this program. The demonstration began phase down in January 1986 and was completed in July 1986.

Continued Demonstration of a Long-Term Care Center Through Inclusion and Expansion of Title XVIII

Project No.: 95-C-97254/2-05
Period: August 1980 - September 1986
Funding: $ 2,678,395
Award: Cooperative Agreement
Awardee: Monroe County Long-Term Care Program, Inc.
55 Troup Street
Rochester, N.Y. 14608
Project Officer: William Saunders
Division of Long-Term Care Experimentation

Description: The purpose of this demonstration is to expand the alternative long-term care delivery model, Assessment for Community Care Services (ACCESS), developed for the Medicaid population in Monroe County, New York, to include the county's Medicare population. The addition of this Medicare project is for the purpose of working toward an integration of Medicare and Medicaid long-term care services.

Status: The project began operations in October 1982. The Health Care Financing Administration (HCFA) has contracted with New York Blue Cross to serve as Medicare fiscal intermediary for the demonstration. Thus far, more than 10,000 Medicare beneficiaries with potential long-term care needs have received assessments from the project. The project began phase down in January 1986 and completed its operational phase in May 1986. The final report for the project is currently being written.

Modifications of the Texas System of Care for the Elderly: Alternatives to the Institutionalized Aged

Project No.: 11-P-97473/6-07
Period: January 1980 - December 1988
Award: Grant
Grantee: Texas Department of Human Resources
701 West 51st Street
P.O. Box 2960
Austin, Tex. 78769
Project Officer: Michael J. Baier
Division of Long-Term Care Experimentation

Description: The purpose of this project is to reduce the growth of nursing homes in Texas and, at the same time, expand access to community care services for needy Medicaid individuals. It is being accomplished by directly changing the operating policies of the State's Title XIX and XX programs; in particular, by eliminating the State's lowest level of institutional care--intermediate care facility (ICF) II. Existing organizations responsible for the State's Title XIX and XX programs are responsible for project implementation.

Status: This project was scheduled to terminate on December 31, 1985, but was extended by Federal legislation for 3 years. In March 1980, there were 15,486 individuals in the ICF-II group. As of July 1985, there were 2,614 clients remaining. From March 1980 to July 1985, the total institutional population also decreased from 64,864 to 54,726 clients, while the community care population increased approximately 40 percent.

Systematic Examination of Factors That Promote Home Care by the Family

Project No.: 18-C-98385/5-03
Period: September 1983 - December 1986
Funding: $ 401,529
Award: Cooperative Agreement
Awardee: Abbott Northwestern Hospital, Inc.
Planning and Marketing Department
800 East 28th Street at Chicago Avenue
Minneapolis, Minn. 55407
Project Officer: Marni Hall
Division of Reimbursement and Economic Studies

Description: The primary purpose of this project is to describe the role of urban and rural family members in providing home care to frail and chronically ill relatives. It will assess the impact that formal support systems, such as health and social services, have on the promotion of home care. Detailed data were collected on the caregiving experiences of families of persons meeting the study criteria of advanced age, impairment, living in a private home, and family contacts. Included in this study was a sample of 150 hospital patients who were discharged to nursing homes (and their caregivers).

Status: All data for this study have been collected. In addition to data obtained from the respondents, data on Medicare utilization and costs were obtained from HCFA's Medicare Automated Data Retrieval System (MADRS). Data analysis is under way. A draft final report is expected in Fall 1986.

Assess (State) Tax Incentives as a Means of Strengthening the Informal Support System for the Elderly

Project No.: 99-C-98410/9-03
Period: September 1983 - September 1986
Funding: $ 387,454
Award: Cooperative Agreement
Awardee: Center for Health and Social Services Research
155 South El Molino
Pasadena, Calif. 91101
Project Officer: Sherry A. Terrell
Division of Reimbursement and Economic Studies

Description: The purpose of this project was to study selected State (Arizona, Idaho, Iowa, and Oregon) tax incentives that were believed to stimulate the informal caregiver system and reduce either current or anticipated demands on the formal long-term care system. Specific objectives were:

- To describe and analyze tax incentives that have been implemented in selected States.
- To develop a predictive model to identify those persons in the general elderly population and their informal caregivers who are likely to take advantage of tax incentives.
- To determine the potential impact of the tax incentive programs in preventing or delaying institutionalization.

Status: The project ended in September 1986. A final report is expected early 1987. Favorable study circumstances were found in Idaho for indepth primary data collection where, in 1982, more than 700 individuals claimed deductions or credits. Study circumstances in Arizona were less favorable, where only 75 claimants could be identified, and although the Iowa and Oregon programs were not suitable for indepth study, the two tax program structures are extensively described.

Respite Care Co-Op for Impaired Elderly

Project No.: 18-C-98398/5-03
Period: September 1983 - December 1986
Funding: $ 128,880
Award: Cooperative Agreement
Awardee: Southcentral Michigan Commission on Aging
8135 Cox's Drive, Suite 1-C
Portage, Mich. 49002
Project Officer: Jean L. Bainter
Division of Long-Term Care Experimentation

Description: This study has developed a model cooperative to provide respite for family caregivers of impaired elderly. Family members pay for care received with care given. The objectives are to study the feasibility and cost of establishing a model cooperative designed to prevent exhaustion of family members, to eliminate the need for more intensive and/or expensive care, and to prevent unnecessary institutionalization of the elderly.

Status: The policy and procedure manuals were developed by an advisory group composed of future caregivers, the program coordinator, and consultants with previous experience in a similar setting. Issues such as caregiver training, care receiver characteristics (such as mobility, orientation/disorientation, etc.), legal implications of providing care, and insurance coverage were investigated. One co-op has been established in Kalamazoo with 10 families participating. A second co-op is being established in Battle Creek, and the Lansing Red Cross is exploring the feasibility of establishing the third. Four major workshops have been held to interest other agencies in developing co-ops. A constant informative media campaign attempts to reach those who would be appropriate members. An outside evaluation is addressing issues relating to the development and implementation of this model, as well as those regarding its outcomes.

On Lok's Risk-Based Community Care Organization for Dependent Adults

Project Nos.: 95-P-98246/9-03
11-P-98334/9-03
Period: November 1983 - Indefinitely
Award: Grant
Grantees: On Lok Senior Health Services
1441 Powell Street
San Francisco, Calif. 94133
and
California Department of Health Services
714-744 P Street
Sacramento, Calif. 95814
Project Officer: Jean L. Bainter
Division of Long-Term Care Experimentation

Description: In response to the congressional mandate of Section 603(c)(1) and (2) of Public Law 98-21, the Social Security Amendments of 1983, the Health Care Financing Administration granted Medicare waivers to the On Lok Senior Health Services and Medicaid waivers to the California Department of Health Services. Together these waivers permit On Lok to implement an at-risk, capitated payment demonstration in which more than 300 frail elderly persons, certified by the Department of Health Services for institutionalization in a skilled nursing facility, are provided a comprehensive array of health and health-related services in the community. The current demonstration maintains On Lok's comprehensive community-based program but has modified its financial base and reimbursement mechanism. All services are paid for by a predetermined capitated rate from both Medicare and Medicaid (Medi-Cal). The Medicare rate is based on the adjusted average per capita cost for Medicare's institutionalized population. The Medi-Cal rate is based on the State's computation of current costs for similar Medi-Cal recipients. Individual participants may be required to pay copayments, spend down income, or divest assets, based on their financial status and eligibility for either or both of the programs. On Lok has accepted total risk beyond the capitated rates of both Medicare and Medi-Cal with the exception of the Medicare payment for end stage renal disease. The demonstration provides service funding only under the waivers. The research and development activities are being funded through private foundations. The studies being conducted include: an assessment of the effects of the copayment system; an examination of the impact of the assumption of financial risk on mortality rates and health status of the participants; an evaluation of the probabilities of movements (community, hospital, nursing home, disenrollment, and death) relating to patients' health conditions and outpatient service utilization; and an evaluation of the effectiveness of the demonstration through a comparison study.

Status: Section 9220 of the Consolidated Omnibus Budget Reconciliation Act of 1985 has extended the On Lok demonstration indefinitely, subject to the terms and conditions in effect as of July 1, 1985, except that requirements relating to data collection and evaluation will not apply.

Incentive Reimbursement Plan for Medicaid Home Health Services

Project No.: 11-C-98549/1-01
Period: December 1984 - February 1986
Funding: $ 162,452
Award: Cooperative Agreement
Awardee: State of Connecticut
Department of Income Maintenance
110 Bartholomew Avenue
Hartford, Conn. 06106
Project Officer: Michael J. Baier
Division of Long-Term Care Experimentation

Description: This 2-year project proposed to reward Medicaid clients for using lower cost home health agency services through the payment of rebates. The overall purpose was to test whether the granting of rebates would result in more cost-effective use of home health services. The project was scheduled to include 1,200 Medicaid clients in Hartford, Connecticut, who were in need of home health care.

Status: The project was awarded in November 1984 for the first of 2 project years. However, in February 1986, the project was terminated at the request of the State of Connecticut because of a number of operational problems it had encountered.

Evaluation of Coordinated Community-Oriented, Long-Term Care Demonstration

Project No.: 500-80-0073
Period: September 1980 - December 1986
Funding: $ 2,913,823
Award: Contract
Contractor: Berkeley Planning Associates
3200 Adeline Street
Berkeley, Calif. 94703
Project Officer: Kathy Ellingson
Division of Long-Term Care Experimentation

Description: This long-term care project evaluates a series of demonstration projects that tested the delivery of coordinated community care services. Specifically, the demonstrations tested whether care tailored to clients' needs could keep them in the community instead of moving them into expensive institutional care settings.

Status: The contractor completed case studies for the participating projects that highlight the history and origin of the project, describe project organization, and discuss operational issues. A final report focusing on client outcomes and cost-effectiveness issues was released in early 1986. In general, the results indicate that the projects that were more successful in achieving reductions in long-term care expenditures were those that controlled access to institutional services (preadmission screening) and those that consolidated all services into a single agency. Projects designed to upgrade the traditional home care package were less successful in reducing long-term care expenditures, as few differences in impact and cost between traditional care and these projects were found. One of the projects under review by Berkeley Planning Associates, the Assessment for Community Care Services (ACCESS) Medicare program, did not become operational until November 1982 and served clients until July 1986. This evaluation is in progress. Results from the ACCESS Medicare evaluation will be available in late 1986.

Report to Congress: Identifying Individuals At Risk of Institutionalization

Project No.: HHS-100-85-0171
Period: September 1985 - October 1986
Funding: $ 227,316
Award: Contract
Awardee: Mathematica Policy Research, Inc.
P.O. Box 2393
Princeton, N.J. 08543-2393
Project Officer: Leslie N. Saber
Division of Long-Term Care Experimentation

Description: The evaluation of the National Long-Term Care Channeling Demonstration produced an extensive data base including client and informal support characteristics and cost and utilization information on the 6,341 participants. Further analysis of the data has been undertaken by Mathematica Policy Research, Inc., to identify clients who are at risk of institutionalization who could be treated more cost effectively with community-based services. This study is mandated by The Orphan Drug Act (Public Law 97-414), passed by Congress in 1983. In addition to the channeling data, Mathematica is reviewing the findings of other studies to examine predictors of institutionalization.

Status: Five technical reports have been completed and submitted to the Health Care Financing Administration (HCFA) and the Assistant Secretary for Planning and Evaluation for review and comment. A final report was received in November 1986 and is being reviewed by HCFA staff.

Cost-Effective Community Alternatives to Institutionalization of the Chronically Mentally Ill

Project No.: 11-P-97575/4-05
Period: April 1981 - March 1986
Award: Grant
Grantee: Georgia Department of Medical Assistance
Suite 1266, West Tower
2 Martin Luther King Drive
Atlanta, Ga. 30334

Cost-Effective Comprehensive Community Residential Treatment of the Chronically Mentally Ill

Project No.: 11-P-98242/1-04
Period: November 1982 - May 1987
Award: Grant
Grantee: Maine Department of Humen Services
221 State Street
Augusta, Maine 04333

Deinstitutionalization of the Chronically Mentally Ill

Project Officer: Jean L. Bainter
Division of Long-Term Care Experimentation

Description: This project was initiated as a joint effort between the Departments of Housing and Urban Development (HUD) and Health and Human Services under the Demonstration for Deinstitutionalization of the Chronically Mentally Ill. HUD provided loans for the construction of community-based housing under Section 202, and rental assistance under Section 8. The Health Care Financing Administration is providing Medicaid waivers to permit reimbursement for a 3-year period for services such as case management, life skills training, supervision, and transportation. The 3-year period is considered a transition period during which the State secures permanent funding. The demonstration design requires that clients be at least 18 years old, chronically mentally ill, and either institutionalized or at risk of being institutionalized. It also stipulates that each client be assigned a case manager who would perform many diverse functions such as providing linkage to needed services and monitoring of the client's functional status. An integral task for the case manager is formulation, assistance in implementation, and periodic revision of an individual service plan tailored to each client's unique needs. In order to encourage the development of a variety of housing and supportive service models, a range of required and recommended services to be offered to residents of demonstration housing was specified. In addition to case management, required services include: house and milieu management, life-skill development, mental and physical health care, and crisis stabilization. Recommended or optional services as required to fulfill the client's total needs include: vocational development, sheltered workshops, education, psychotherapy, advocacy services, and recreational/vocational planning. Two types of independent living residences have been developed: group homes to serve a maximum of 12 individuals each or independent living complexes, i.e., apartments of 6 to 10 units, to house no more than 20 individuals.

Status: Medicaid waivers were approved in 12 States. The eight States listed below continue to provide services under waivers.

A Model Addressing the Residential Needs of the Chronically Mentally Ill

Project No.: 11-P-98117/6-05
Period: July 1982 - May 1987
Award: Grant
Grantee: Arkansas Department of Human Services
Seventh and Main Streets
Little Rock, Ark. 72201

Effective and Efficient Community Support Services for the Chronically Mentally Ill

Project No.: 11-P-98000/3-05
Period: September 1981 - December 1986
Award: Grant
Grantee: Office of Health Care Financing
1331 H Street NW., Fifth Floor
Washington, D.C. 20005

Cost-Effective Community Alternatives to Deinstitutionalization of the Chronically Mentally Ill

Project No.: 11-P-98100/1-04
Period: November 1982 - June 1987
Award: Grant
Grantee: New Hampshire Division of Welfare
Hazen Drive
Concord, N.H. 03301

Services in Housing and Urban Development Transitional Housing for Chronically Mentally Ill

Project No.: 11-P-97799/2-04
Period: August 1982 - July 1986
Award: Grant
Grantee: New Jersey Department of Human Services
Division of Medical Assistance
Quakerbridge Plaza
Trenton, N.J. 08625

Deinstitutionalization of the Chronically Mentally Disabled, Cost-Effective Community Alternatives

Project No.: 11-P-98118/1-05
Period: June 1982 - May 1987
Award: Grant
Grantee: Department of Social and Rehabilitative Services
600 New London Avenue
Cranston, R.I. 02920

Cost-Effective Community Residential Treatment for the Mentally Ill

Project No.: 11-P-97787/1-05
Period: August 1981 - November 1986
Award: Grant
Grantee: Vermont Agency of Human Services
Department of Social Welfare
103 South Main Street
Waterbury, Vt. 05676

Highline Independent Apartment Living Project

Project No.: 11-P-98200/0-04
Period: April 1982 - April 1986
Award: Grant
Grantee: Department of Social and Health Services
Division of Medical Assistance, LK-11
Olympia, Wash. 98504

Quality

Improving New York State's Nursing Home Quality Assurance Program

Project No.: 11-P-97590/2-05
Period: September 1980 - December 1986
Award: Grant
Grantee: State of New York Department of Social Services
Tower Building Empire State Plaza
Albany, N.Y. 12237
Project Officer: Elizabeth S. Cornelius
Division of Long-Term Care Experimentation

Description: This project tests the simplification of federally mandated periodic medical review/independent professional review processes in nursing homes and combines the process with the annual facility survey. Surveyors use 11 sentinel health events, such as accidents, decubitus ulcers, and medication regimen to determine if nursing home patients are receiving quality care. Facilities found to have fewer than the average problems in these areas receive a less than full facility survey. This combined medical review and survey method reduces surveyors' time and allows State personnel to focus on facilities and patients with major problems.

Status: The project is currently in its fifth and final year. The new inspection of care processes are fully operational. The State indicates that the new system provides documentation to allow them to take positive corrective actions against nursing homes found to be in noncompliance. In the past year, 23 facilities have had adverse actions taken by the State and only two have resulted in administrative hearings. The independent evaluator submitted a final report in the Fall of 1985. The substantive findings regarding this project were:

- The average severity of deficiencies was higher under the new method than under the old method.
- Most of the deficiencies found by the evaluator's validation team were also found by the State surveyors. However, with respect to correction, the State surveyors reported almost all cited deficiencies corrected at followup, while the validation team found two-thirds of the cited violations were corrected.
- There was a significant relationship between the number of deficiencies detected by State surveyors and an independent, nondeficiency-based quality-of-care measure, the Quality Assessment Index (QAI). The relationship between the severity of deficiencies detected by State surveyors and QAI score was somewhat greater than that for quantity of deficiencies.
- The results suggest that there was a decline in total surveyor time spent on nursing home quality assurance.

The State has conducted an evaluation of the last 2 years of the project. The final report will be submitted in Spring 1987.

Quality Assurance Sampling: A Statistical Quality-Control Approach to Inspection of Care

Project No: 11-C-98260/1-03
Period: February 1983 - May 1986
Funding: $ 15,600
Award: Cooperative Agreement
Awardee: Massachusetts Department of Public Welfare
600 Washington Street
Boston, Mass. 02111
Project Officer: Elizabeth S. Cornelius
Division of Long-Term Care Experimentation

Description: The main objective of the project is to verify that patients in nursing homes are receiving appropriate care at the appropriate level, without reviewing every patient. Current law requires a review of all Medicaid patients in a facility to verify the appropriateness of care and placement. This project will use statistical quality control techniques to achieve these goals so that surveyor time can be reallocated to other quality-assurance activities.

Status: Criteria have been developed for determining which facilities are appropriate for the sampling process. The procedures for sampling patients, including safeguards to control statistical biases, have been refined. Pretests of the process and orientation sessions for surveyors were conducted in July and August 1983. The project became operational on August 29, 1983. During the first quarter, more than 50 percent of the facilities received a 100-percent review based on the walk-through findings. During the last quarter of the first year and the first two quarters of the second year, only 25 percent of facilities have received a full review. During the second and third years, the State systematized the process and it functioned normally. In the third year, the State developed the evaluation plan and a revised process that would be used when the waivers were withdrawn. The State contracted with the Social Gerontology Department of the Hebrew Rehabilitation Center for the Aged to conduct the evaluation. The final report of the evaluation has been submitted to the State. The State returned to full review of Medicaid residents in May 1986 using the revised process approved by the Boston Regional Office. The final report including the evaluation will be available in Spring 1987.

A Longitudinal Study of Case-Mix Outcomes and Resource Use in Nursing Homes

Project No.: 18-P-98717/1-01
Period: September 1985 - August 1988
Funding: $ 722,135
Award: Grant
Grantee: Brown University
Box G
Providence, R.I. 02912
Project: Elizabeth S. Cornelius
Officer: Division of Long-Term Care Experimentation

Description: This study of natural histories of patient outcomes for subgroups of nursing home residents is a 3-year research project that will parallel the development of case-mix reimbursement. The objectives are:

- To create a typology that classifies residents into subgroups based on characteristics at admission.
- To measure patterns of outcomes for subgroups and formulate appropriate use patterns for case-mix categories that are based on outcomes patterns.
- To provide a quality-of-care link between case mix and costs.
- To develop a basis for an outcome-oriented quality control system compatible with many reimbursement systems.

Two large files of longitudinal data on skilled nursing facility and intermediate care facility residents will be used. One data base has resident data from facilities in 11 States, the other one includes 350 facilities in 37 States. In addition, three crosscutting files with staff time information as well as resident characteristics, and two longitudinal files covering 2 years of data for Medicaid patients in two States will be used. The project will have four overlapping phases over 3 years. The first includes obtaining and preparing the data from various data sources for analyses. The second involves basic descriptive analyses including the development and validation of a clinically meaningful, outcome-oriented, case-mix classification for different subgroups. The third involves multivariate and facility-level analyses to assess the stability of the models and the sensitivity of results to variation in patient group composition, staffing, facility ownership, and/or State regulatory system. The fourth phase involves report preparation and dissemination of the results regarding natural histories of outcome for different subgroups of the nursing home population.

Status: The project began in September 1985. The research design has been finalized. The first year has been spent in developing the several data bases for analysis. The admission cohort data base was constructed and contains 4,668 residents who entered a nursing home for the first time in 1982. The long-stay cohort data base was constructed in the third quarter and contains 2,255 resident cases with a nursing home stay of between 2 and 30 years, with 45 percent being there more than 5 years. Arrangements have been completed regarding the longitudinal data base of Texas nursing home residents. New York has agreed to construct a data base with three assessments of all patients for a subsample of approximately 20,000 residents in 100 facilities. Analysis has begun on the new admission and long-stay data bases to study outcomes in terms of death, hospitalization, continued stay in the facility, and return to the community. Changes in activities of daily living level over time are also being studied.

Planning Study: Phase I of a Major Study of National Long-Term Care Policies

Project No.: ASU000001-03
Period: February 1985 - November 1985
Funding: $ 150,000
Award: Interagency Agreement
Agency: National Academy of Sciences, Institute of Medicine
2101 Constitution Avenue
Washington, D.C. 20418
Project: Judith Sangl
Officer: Division of Reimbursement and Economic Studies

Description: The objectives of the planning effort are:

- To identify and define the major policy issues in long-term care that should be examined and assign priorities to them.
- To inventory available information on activities completed and under way with respect to data compilation, research, and policy analysis for evaluation during the course of the study.
- To design the study.

The major study will be designed to facilitate development of a coherent set of public policies for providing and financing cost-effective, long-term care services that will adequately meet the national requirement for such services.

Status: The study report, "Toward a National Strategy for Long-Term Care of the Elderly" was completed in April 1986. This report provides a summary of the major policy issues in long-term care and an inventory of major data bases, analytic studies, research, demonstrations, and experiments on long-term care. The report outlines a study plan to identify a combination of public policy options and private initiatives for creating an optimal long-term care system. A particular emphasis of the study plan is public and private pooled-risk approaches to financing long-term care.

Impact of the Prospective Payment System on the Quality of Long-Term Care in Nursing Homes and Home Health Agencies

Project No.: 15-C-98971/8-01
Period: August 1986 - January 1988
Fundings: $ 374,011
Award: Cooperative Agreement
Grantee: University of Colorado
1355 South Colorado Boulevard, Suite 706
Denver, Colo. 90222
Project Philip Cotterill
Officer: Division of Reimbursement and Economic Studies

Description: This study will examine patient-level process indicators of quality of care provided to skilled nursing facility and home health patients before and after implementation of the Medicare inpatient hospital prospective payment system (PPS). The pre-PPS data were collected in 1980 and 1983. The post-PPS data will be collected in late 1986 and 1987.

Status: Data collection and analysis plans are under development for this recently funded study.

Study of Long-Term Care Quality and Reimbursement in Teaching and Nonteaching Nursing Homes

Project No.:	18-C-98417/8-03
Period:	September 1983 - September 1986
Award:	Cooperative Agreement
Funding:	$ 808,176
Awardee:	University of Colorado Health Sciences Center 4200 East 9th Avenue, C-421 Denver, Colo. 80262
Project:	Kathy Ellingson
Officer:	Division of Long-Term Care Experimentation

Description: This study evaluates the Teaching Nursing Home Program (TNHP) sponsored by the Robert Wood Johnson Foundation (RWJF). The purpose of the TNHP is to improve the health care provided to long-term care patients. Eleven university-based schools of nursing were funded to establish clinical affiliations with one or two nursing homes. This study evaluates the impact of the affiliations on patient outcomes and costs of patient care. Specifically, the study will assess the extent to which the TNHP approach reduces hospitalizations and emergency room care, decreases length of nursing home stays and increases discharge into independent living environments, and enhances health status. A net cost-benefit ratio will be determined. This evaluation is sponsored jointly by the Health Care Financing Administration and RWJF. (RWJF is funding the evaluation from October 1986 until 1988.) In 1986, a supplemental study was funded to examine quality and process care in TNHP's as compared with that in comparison nursing homes. These issues are being studied in seven problem areas: urinary incontinence and urinary catheter, pressure sores, terminal illness, confusion, falls, diabetes, and use of sedatives.

Status: A programmatic analysis providing an indepth look at how TNHP was implemented and operating in different facilities was completed in January 1985. All primary data collection instruments have been developed, and the main activities of the study are currently focused on data collection, processing, and monitoring. The study will be completed in 1988, with results from both the original and supplemental studies available in late 1988.

New York State Integrated Quality Assurance System for Residential Health Care Facilities: The Next Step After Case-Mix Reimbursement

Project No.:	11-C-98925/2-01
Period:	August 1986 - July 1989
Funding:	$ 291,000
Award:	Cooperative Agreement
Awardee:	New York State Department of Social Services 40 North Pearl Street Albany, N.Y. 12243
Project	Catherine P. Moylan
Officer:	Division of Long-Term Care Experimentation

Description: The objective of this project is to link data from the case-mix reimbursement system for use in the quality assurance system, and to integrate the quality assurance processes of survey/certification, inspection of care, and utilization review. The State recently implemented a case-mix payment system for residential health care facilities for which all patients are assessed at least biannually. The resulting data on patient characteristics is audited and entered on a client-specific data base that can be utilized to target quality assurance activities toward facilities that:

- Have staffing patterns that seem inappropriate to needs of patients.
- Have excessive numbers of patients with negative characteristics.
- Have unexpected negative outcomes from one review to the next.

External outcome standards, survey and certification, inspection of care (IOC), and utilization review activities will be integrated into a single, patient-centered process. The use of the case-mix data base will serve to focus reviewer energies on problem facilities. The ability to routinely track significant or potentially significant deteriorations in patient care will trigger off-cycle surveys. Facilities identified as having few or no problems will be targeted for abbreviated surveys.

Status: The State will complete 1 full year under the new federally mandated survey and certification system prior to implementing the integrated survey/certification and IOC process. During this interim year, New York will use its data base to select the stratified random sample for survey and certification.

Data Development and Analyses

Analysis of the 1982 Survey of Informal Caregivers

Funding:	Intramural
Project Director:	Judith Sangl Division of Reimbursement and Economic Studies

Description: The 1982 Survey of Informal Caregivers was designed to provide, on a national basis, a comprehensive picture of the informal system for long-term care. A supplement to the 1982 Long-Term Care Survey, the Caregiver Survey collected data on the kind, amount, and cost of informal care for a sample of 1,925 informal caregivers. Informal caregivers are defined as persons providing unpaid care and support to chronically impaired, noninstitutionalized elderly.

Status: The Health Care Financing Administration is collaborating in this analysis with the National Center for Health Services Research. Three reports have been written to date:

- "Caregivers of the Ward Elderly: A National Profile."
- "The Caregiving Role: Dimension of Burden and Benefits."
- "Caregiver Attitudes to Nursing Homes."

The 1982 and 1984 Long-Term Care Surveys

Project No.:	IAA-84-P-383 (Data collection for 1984 Survey)
Period:	October 1983 - December 1985
Funding:	$ 1,900,000
Award:	Interagency Agreement
Agency:	U.S. Bureau of the Census Demographic Surveys Division Suitland, Md. 20233
Project Officer:	Herbert A. Silverman Division of Program Studies

Description: The 1984 Long-Term Care Survey (LTCS) capitalizes on the data collected for the 1982 Survey by interviewing the same persons, thus providing a longitudinal look at the functionally impaired elderly living in the community. The 1984 Survey expanded the scope of the 1982 Survey to provide a cross-sectional look at all functionally impaired Medicare beneficiaries 65 years of age or over no matter where they reside. The 1984 longitudinal component collected data on the functionally impaired persons included in the 1982 Survey and still living in the community, persons now living in institutions, and those who died. The frame for the 1984 cross-sectional component comprised the 1982 sample plus persons who were excluded in 1982 because they were institutionalized, persons who did not screen into the 1982 Survey because they were not functionally impaired, and persons who aged into the sample, that is persons who were 63 and 64 years of age in 1982 and who were 65 and 66 years of age in 1984. In 1984, persons were interviewed personally by using a detailed community questionnaire similar to the one used in 1982. Interviews were with a proxy for those who were institutionalized or deceased by using abbreviated questionnaires that collected information on services used and sources of payment. Data for 1984 will make possible the analysis of circumstances leading to institutionalization and whether alternatives could have been considered. This would identify methods of intervention to forestall premature or inappropriate nursing home placements and thus reduce current estimates of national expenditures for nursing home services, particularly for the Medicaid program.

Status: Two papers and an article using data from the 1982 Survey have already been produced:

- "1982 Long-Term Care Survey: National Estimates of Functional Impairments Among the Elderly in the Community," presented at the National Association of Welfare Research and Statistics Conference in Hartford, Conn., August 1984.
- "1982 Long-Term Care Survey: Functional Impairments and Sources of Support of Elderly Medicare Beneficiaries Living in the Community," presented at the Gerontological Society of America in San Antonio, Tex., November 1984.
- "A profile of functionally impaired elderly persons living in the community," published in the Health Care Financing Review, Vol. 7, No. 4, Summer 1986.

A public use tape containing the 1982 Survey is currently available for purchase from the National Technical Information Service (NTIS). In early 1987, a similar public use tape for the 1984 survey will be available from NTIS. This tape will contain both longitudinal data (1982 and 1984) for a cohort of approximately 6,400 cases interviewed in both years and a cross-sectional component for 1984. The latter component includes detailed information on approximately 8,400 functionally impaired persons residing in nursing homes, as well as persons residing in the community. Analyses are currently being carried out. Initial reports are expected in 1987.

A National and Cross-National Study of Long-Term Care Populations

Project No.: 18-C-98641/4-01
Period : September 1984 - September 1987
Funding: $ 643,307
Award: Cooperative Agreement
Awardee: Duke University
Center for Demographic Studies
2117 Campus Drive
Durham, N.C. 27706
Project Officer: Herbert Silverman
Division of Program Studies

Description: Based on data from the 1982 and 1984 Long-Term Care Surveys, this project will forecast the size and the socioeconomic characteristics, health status, and cognitive and physical functioning capacities of the aged population in the United States into the middle of the 21st century. These projections would be compared with similar information from other countries. The findings will be useful for planning long-term care programs for functionally impaired aged persons.

The project has been expanded to conduct additional analyses on:

- Identifying clusters of characteristics that distinguish groups of functionally impaired aged persons living in the community and are associated with differential patterns of use and expenditures of home health care services.
- Comparing hospital and post-hospital experiences of persons in the 1982 and 1984 Long-Term Care Surveys and relating them to changes in their functional and health status in the interim. As an extension of this analysis, ascertain whether there have been substitutions for different types of services over time in light of the patients' changed health and functional status. For example, are home health services used more in lieu of nursing home services?
- Describing and comparing out-of-pocket health care expenses relative to aged persons' health status, functional and cognitive disabilities, and access to informal care giving services. This was a special analysis requested for the work of the Secretary of the Department of Health and Human Services, Task Force on Catastrophic Insurance.
- Converting the data tape from the 1984 Long-Term Care Survey to a format suitable for public distribution.

Status: Work is in progress on all aspects of this project. A final report is expected in late 1987.

Long-Term Care Residential Services for Developmentally Disabled People

Project No.: 18-P-98078/5-03
Period: September 1981 - December 1985
Funding: $ 1,166,635
Award: Grant
Grantee: University of Minnesota
207 Pattee Hall
150 Pillsbury Drive, SE.
Minneapolis, Minn. 55455
Project Officer: Marni Hall
Division of Reimbursement and Economic Studies

Description: This project updated the only national information system on long-term care services for the mentally retarded and developmentally disabled (MR/DD). Data were gathered on characteristics of residents and facilities, including intermediate care facilities for the mentally retarded (ICF/MR's). Data from this study were used to track the effects of recent State deinstitutionalization policies. As part of the project, policy analyses of the cost/utilization of Medicaid MR/DD services were made. These analyses focused on: financing of residential care; case mix and movement of residents; and programs, services, and manpower.

Status: This study was completed in 1986. The major findings include the following:

- ICF/MR (both Federal and State) expenditures were the fastest growing component of both State residential care and Medicaid long-term care expenditures.
- Increases in ICF/MR expenditures prior to 1977 were primarily the result of increases in total recipients of care rather than increases in per recipient costs.
- Since 1977, increases in ICF/MR expenditures were primarily the result of increases in per recipient costs. About 70 percent of the increase in program costs from 1977 to 1982 can be attributed to increasing per diem costs.

- Between 1977 and 1982, the proportion of occupied MR/DD residential system beds that were certified for ICF/MR reimbursement grew from 43 percent to 58 percent of total beds.

- The fastest growing segment of the ICF/MR program was the small ICF/MR facilities (15 or fewer residents). These facilities had a net increase of almost 500 percent (7,000 residents) between 1977 and 1982, and tend to be concentrated in a few States.

- Almost all growth in large facilities (16 or more residents) took place through certifying existing facilities for ICF/MR participation, while new small ICF/MR facility beds were generally in newly opened facilities.

- The proportion of residents in large public institutions, whose care was paid for by the ICF/MR program rather than by State funding exclusively, substantially increased between 1977 and 1982.

- A shift from public to private providers is taking place within the ICF/MR program.

- States vary remarkably in the total size and characteristics of their ICF/MR programs, and in the proportion of their residential care systems certified for the ICF/MR program.

- Movement patterns of ICF/MR residents in fiscal year 1982 reflect a continuing trend toward less institutional models of care.

- The ICF/MR population is becoming more severely impaired.

National Academy of Sciences Panel on Statistics for an Aging Population

Project No.: IAA-84-P432
Period: December 1984 - December 1986
Funding: $ 102,000
Award: Interagency Agreement
Agency: National Academy of Sciences
Committee on National Statistics
2101 Constitution Avenue
Washington, D.C. 20418
Project Officer: Judith D. Kasper
Division of Beneficiary Studies

Description: The purpose of this study is to examine the adequacy of current statistical information and methodology, particularly in the area of health and medical care, for an aging population. The study is being conducted through the Committee on National Statistics of the National Academy of Sciences/National Research Council, and is being supported by several Government agencies, including the Health Care Financing Administration, National Institute of Mental Health, National Institute on Aging, National Center for Health Statistics, and Veterans' Administration. The study will determine:

- Whether the data that will be needed during the next decade for policy development for health care for an aging population are available.

- Whether available data are analyzed and used.

- Whether changes or refinements are needed in the statistical methodology used in both policy analysis and in the planning and administration of programs.

Status: A final report will be submitted to the sponsoring agencies during 1987.

Study of Management Minutes, Resource Utilization Groups (RUG)-II, and Other Resource Management Systems

Project No.: HCFA-86-0964
Period: September 1986 - June 1987
Funding: $23,667
Award: Contract
Contractor: University of Michigan
Institute of Gerontology
300 North Ingalls
Ann Arbor, Mich. 48109
Project Officer: Dana Burley
Division of Long-Term Care Experimentation

Description: This project will perform data analyses to compare different case-mix systems that are currently in use or being developed, including the RUG's-II and "management minutes" methodologies.

The data bases will include:

- Data from New York that describes the characteristics and nursing resource use of 3,400 patients in 52 New York State nursing homes, and another larger data set that describes only the characteristics of 100,000 patients.
- Data from Texas on the characteristics and nursing resource consumption of 2,000 nursing home residents.
- Data from the Hillhaven Corporation that describes the characteristics of 37,000 patients in a chain of 325 nursing homes.
- A Medicare data set that describes patient characteristics and nursing and other resource use by 1,800 Medicare patients and 600 non-Medicare patients in 38 nursing homes in five States.

The final report will address the relationships between patient resource management systems and actual nursing time predicted, resource consumptions, and classification systems.

Status: The contract was awarded in August 1986. The task is to be completed in 6 months. A final report is expected in mid-1987.

AFDC Home Health Aides

AFDC Homemaker/Home Health Aide Demonstration

Period:	January 1982 - September 1987
Project Officer:	Dennis M. Nugent Division of Long-Term Care Experimentation

Description: This demonstration was developed to study whether Aid to Families with Dependent Children (AFDC) recipients could be trained and employed to provide homemaker/home health aide services to elderly and disabled individuals who were considered at risk of institutionalization. The objectives of the demonstration were to reduce the welfare dependency of the AFDC recipients who participated in the program and to prevent or delay the institutional placement of the functionally impaired clients they served. After the AFDC recipients successfully completed their formal training, the States were required to provide for their full-time employment as homemaker/home health aides with either a private nonprofit or public agency. All of the graduating trainees were offered a job for 1 year under a subsidized arrangement which allowed them to retain Medicaid eligibility for themselves and their families. During this 12-month period, the aides developed the appropriate skills and experience to help them find permanent employment when they left the project.

Status: The demonstration ended in six of the seven participating States on September 30, 1986. A provision in the 1985 Consolidated Omnibus Budget Reconciliation Act continued the project in New Jersey for an additional year. During this demonstration, more than 4,000 welfare recipients have been trained to provide homemaker/home health aide services to approximately 9,500 elderly and disabled clients. New Jersey's participation in the demonstration will end in September 1987.

A Plan for Employing AFDC Recipients as Homemaker/Home Health Aides to Provide Alternatives to Long-Term Care

Project No.:	12-P-98110/6-04
Award:	Grant
Grantee:	Arkansas Department of Human Services Seventh and Main Streets P.O. Box 1437 Little Rock, Ark. 72203

Preventacare: An Alternative to Institutionalization

Project No.:	12-P-98111/4-04
Award:	Grant
Grantee:	Kentucky Cabinet for Human Resources CHR Building, Sixth Floor West 275 East Main Street Frankfort, Ky. 40621

AFDC Homemaker/Home Health Aide Demonstration Project

Project No.: 12-P-98113/2-04
Award: Grant
Grantee: New Jersey Department of Human Services
Capital Place One
222 South Warren Street
Trenton, N.J. 08625

New York State AFDC Homemaker/Home Health Aide Demonstration

Project No.: 12-P-98103/2-04
Award: Grant
Grantee: New York State Department of Social Services
40 North Pearl Street, 7th Floor
Albany, N.Y. 12243

Employment Opportunities for AFDC Recipients in the Homemaker/Home Health Aide Field

Project No.: 12-P-98106/5-04
Award: Grant
Grantee: Ohio Department of Human Services
30 East Broad Street, 27th Floor
Columbus, Ohio 43215

Homemaker/Home Health Aide Project

Project No.: 12-P-98108/4-04
Award: Grant
Grantee: South Carolina Department of Social Services
P.O. Box 1520
Columbia, S.C. 29202

AFDC Recipients as Providers of Services to the Aged and Disabled

Project No.: 12-P-98104/6-04
Award: Grant
Grantee: Texas Department of Human Services
522-A, P.O. Box 2960
Austin, Tex. 78769

Evaluation of the AFDC Homemaker/Home Health Aide Demonstration Project

Project No.: 500-82-0022
Period: June 1982 - December 1986
Funding: $ 454,174
Award: Contract
Contractor: Abt Associates, Inc.
55 Wheeler Street
Cambridge, Mass. 02138
Project Officer: Kathy Ellingson
Division of Long-Term Care Experimentation

Description: The purpose of this project is to evaluate the Aid to Families with Dependent Children (AFDC) Homemaker/Home Health Aide Demonstration and to provide technical assistance to the seven States participating in the demonstration. The three major evaluation objectives are to:

- Assess the costs and effectiveness of the training and employment of AFDC recipients as homemaker/home health aides on subsequent, continued, and nonsubsidized employment.

- Assess the costs and outcomes of providing home health aide services to persons at risk of institutionalization who would otherwise not receive these services.

- Assess the net cost effectiveness and provide policy-relevant projections on large-scale implementation.

Status: Descriptive analyses of the demonstration's first year were presented in seven State-specific reports as well as a cross-State report in July 1984. Other reports documenting the States' experiences in terms of their operational characteristics and those of the participants have also been prepared. The final results of this evaluation will be published in a series of approximately 11 reports covering 3 main categories: client outcomes, trainee outcomes, and overall cost effectiveness. These reports will be available in mid-1987.

Other Long-Term Care

Bioactuarial Estimates and Forecasts of Health Care Needs and Disability

Project No.:	18-P-97710/4-04
Period:	June 1980 - April 1987
Funding:	$ 600,055
Award:	Grant
Grantee:	Duke University 2117 Campus Avenue Durham, N.C. 27706
Project Officer:	Paul W. Eggers Division of Beneficiary Studies

Description: This project employs bioactuarial methods to estimate the need for various types of health services including long-term care. The determinations of levels of need are employed in analyses of the health status of small geographic areas as well as in national projections. The project is also examining how need estimates are being translated into utilization of nursing homes. These applications of bioactuarial strategies for forecasting population change in health status represent an extension of the grant's basic work.

Status: Results of this project include estimates and projections of the incidence and prevalence of specific chronic diseases (for example, cancer) among the elderly population. In addition, the study has provided new insights on the flow of the elderly population through the nursing home system (for example, admission rates and lengths of stay). Finally, the project is developing profiles of the elderly population in terms of the likelihood of their using alternative modes of long-term care. The National Medical Care Utilization and Expenditure Survey and the Long-Term Care Survey, both Health Care Financing Administration-funded efforts, have applied this methodology. Currently, 24 articles have been written under this grant:

- "Bioactuarial models of national mortality time series data: Strategies for making full information estimates of national morbidity distributions," Health Care Financing Review, Vol. 3, No. 3, March 1982.

- "The use of mortality time series data to produce hypothetical morbidity distributions and project mortality trends," Demography, Vol. 19, 1982.

- "The characteristics and utilization pattern of an admission cohort of nursing home patients," Gerontologist, Vol. 24, 1983.

- "Length of stay pattern of nursing home admissions," Medical Care, Vol. 21, 1983.

- "Compartment model methods in estimating costs of cancer," Transactions Society of Actuaries, Vol. 34, 1983.

- "The characteristics and utilization pattern of an admissions cohort of nursing home patients II," Gerontologist, Vol. 24, 1984.

- "Methods and issues in the projection of population health status," prepared for World Health Organization Division of Epidemiological Surveillance and Health Situation and Trend Assessment, World Health Statistics Quarterly, No. 3, 1984.

- "Projecting chronic disease prevalence," Medical Care, Vol. 22, 1984.

- "Strategies for collating diverse scientific evidence in the analysis of population health characteristics: Bioactuarial models of chronic disease mortality for the elderly," Sociological Methods and Research, Sage, Vol. 13, No. 3, 1984.

- "The economic impact of health policy interventions," Risk Analysis, Vol. 3, No. 4, 1983.

- "Life table methods for assessing the dynamics of nursing home utilization: 1976-1977," Journal of Gerontology, Vol. 39, 1984.

- "Morbidity, disability, and mortality: The aging connection," Aging 2000: Our Health Care Destiny, Vol. 2, Springer-Verlag, New York, 1985.

- "An analysis of the heterogeneity of U.S. nursing home patients," Journal of Gerontology, Vol. 40, 1985.

- "Dynamics of health changes in the extreme elderly: New perspectives and evidence," Special issue on the oldest old. Milbank Memorial Fund Quarterly, Vol. 63, No. 2, Spring 1985.

- "The use of grade of membership analysis to evaluate and modify diagnosis-related groups," Medical Care, Vol. 22, No. 12, December 1984.

- "Analytic approaches for determining incidence from prevalence and reported disease duration," Journal of the American Statistical Association, to be published.
- "Life table methods for assessing the dynamics of nursing home utilization: 1976-1977" Journal of Gerontology, Vol. 39, No. 1, 1984.
- "Death and taxes: A contrary view," Population Today, Vol. 12, No. 11, 1984.
- "Future patterns of chronic disease incidence, disability, and mortality among the aged," N.Y. State Journal of Medicine, Vol. 85, No. 11, 1985.
- "Health status and service needs of the oldest old: Current patterns and future trends," Milbank Memorial Fund Quarterly, Vol. 62, 1985.
- "The complexity of chronic disease at later ages: Practical implications for prospective payment and data collection," Inquiry, Vol. 23, 1986.
- "Patterns of intellectual development in later life," Journal of Gerontology, Vol. 41, No. 4, 1986.
- "Assessing health care costs in the elderly," Transactions Society of Actuaries, Vol. 35, 1984.
- "A multivariate approach for classifying hospitals and computing blended rates," Medical Care, Vol. 25, No. 4, 1986.

Final year efforts are directed toward the development of explanatory models of stability and change among Supplemental Security Income recipients who became institutionalized in Medicaid certified facilities. This includes variations in lengths of stay, turnover patterns, and mortality rates. Analyses will separately examine the aged, blind and disabled adults, and disabled children. Plans have been made to incorporate analyses of data from long-term care, case-mix demonstrations in New York and Texas.

Comparison of the Cost and Quality of Home Health and Nursing Home Care

Project No.: 18-C-97712/8
Period: June 1980 - May 1987
Funding: $ 1,578,683
Award: Cooperative Agreement
Awardee: University of Colorado
1355 South Colorado Boulevard, Suite 706
Denver, Colo. 80222
Project Officer: Philip Cotterill
Division of Reimbursement and Economic Studies

Description: This study assesses the cost, quality, and cost effectiveness of nursing home and home health care provided by freestanding agencies and hospital-based facilities. Detailed data on patient conditions and services were collected for a sample of nursing home and home health patients from the following States: Arkansas, California, Colorado, Florida, Michigan, Minnesota, New York, Ohio, Pennsylvania, and Virginia. A subset of patients was tracked over time to observe outcomes.

Status: Some results on home health case mix were reported in a paper, "Hospital-Based and Freestanding Home Health Case Mix: Implications of Medicare Reimbursement Policy":

- In 1982, hospital-based and freestanding home health clients were similar in terms of general characteristics, functional abilities, and the prevalence and severity of long-term care problems.
- The findings of this study are consistent with the Medicare policy of uniform reimbursement limits for hospital-based and freestanding home health agencies.

Additional case-mix data are being collected to permit an analysis of changes in nursing home and home health case mix since the introduction of the Medicare prospective payment system for hospitals in 1983. The project is also assessing the cost effectiveness of nursing home and home health care for patients with the following problems: stroke, decubitus ulcers, congestive heart failure, urinary incontinence, and mental status problems. Emphasis is being placed on comparing outcomes for these patients over time between hospital-based and freestanding nursing home care, and nursing home and home health care. Results are expected in mid-1987.

Three articles have been produced under this cooperative agreement:

- "Cost effectiveness implications based on a comparison of nursing home and home health case mix," Health Services Research, Vol. 20, No. 4, October 1985.
- "Nursing home case-mix differences between Medicare and non-Medicare and between hospital-based and freestanding patients," Inquiry, Vol. 22, Summer 1985.
- "Medicaid and non-Medicaid case-mix differences in Colorado nursing homes," Medical Care, Vol. 24, No. 6, June 1986.

One study paper has been produced:

- "Study Design," revised January 1986.

Encouraging Appropriate Care for the Chronically Ill Elderly: A Controlled Experiment to Evaluate the Impacts of Incentive Payments on Nursing Home Admissions, Discharges, Case Mix, Care, Outcomes, and Costs

Project No.:	11-P-97931/9-04
Period:	April 1981 - June 1986
Award:	Grant
Grantee:	State of California Department of Health Services 714-744 P Street Sacramento, Calif. 95814
Project Officer:	Tony Hausner Division of Long-Term Care Experimentation

Description: This project is testing a system of incentive payments as a means of encouraging skilled nursing facilities (SNF's) in San Diego to admit and provide quality care to severely dependent patients. Many patients have more lengthy hospital stays than appropriate because of the amount and cost of care these patients would require in a SNF. Health Care Financing Administration waivers permit SNF rates that exceed the Medicaid cost limits by the incentive amounts. Under the terms of the contracts with these SNF's, the incentive payments for patients admitted during the first project year will continue for up to 4 years from the date of admission (1986), if the patient remains in the facility. The National Center for Health Services Research (NCHSR) provides total project funding.

Status: The intake of patients ended April 30, 1982. Patient reassessments continued through April 30, 1983. Waivers ended in June 1986. The evaluation found that during the demonstration: (1) the percentage of admissions for heaviest care patients increased, but the percentage of Medi-Cal patients decreased; (2) the number of discharged patients increased; and (3) the achievement of outcome goals was not affected. These findings indicate the project was not cost effective. NCHSR has published the following reports on this project:

- "Nursing Home Admissions: The Results of an Incentive Reimbursement Experiment."
- "Nursing Home Discharges: The Results of an Incentive Reimbursement Experiment."
- "Nursing Home Patient Outcomes: The Results of an Incentive Reimbursement Experiment."

Effects of Alternative Family Support Strategies

Project No.:	95-C-98281/0-03
Period:	May 1983 - May 1987
Funding:	$ 531,845
Award:	Cooperative Agreement
Awardee:	University of Washington Institute on Aging Seattle, Wash. 98195
Project	Dana Burley
Officer:	Division of Long-Term Care Experimentation

Description: The purpose of this project is to study the effects of support programs provided to families that care for their elderly members at home. The demonstration will assess the impact of three support strategies: paid respite care, family training and case management, and a combination of respite care with training and case management. The paid respite care includes services provided by a home health agency, three adult day-care centers, and a skilled nursing facility. Families may use any mix of the respite services, up to a maximum dollar limit, for a period of 12 months. Key outcome variables to be measured are family burden, length of time families serve as primary caregivers, propensity toward institutionalization, and cost of long-term care services.

Status: Service delivery ended in July 1986. For the 10 months ending May 31, 1987, project staff will complete the data collection and analyses necessary for project evaluation. The final report will be prepared during this time and is expected by Fall 1987.

Analysis of Long-Term Care Payment Systems

Project No.:	18-C-98306/8-04
Period:	April 1983 - February 1988
Funding:	$ 1,394,293
Award:	Cooperative Agreement
Awardee:	Center for Health Services Research University of Colorado 1355 South Colorado Boulevard, Suite 706 Denver, Colo. 80222
Project	Judith Sangl
Officer:	Division of Reimbursement and Economic Studies

Description: This project is a comparative analysis of long-term care reimbursement systems in seven States (Colorado, Florida, Maryland, Ohio, Texas, Utah, and West Virginia). The study will combine an empirical analysis of nursing home costs and payments and the determinants of costs with a detailed qualitative analysis of the operations of the reimbursement systems. The comparative analysis across States will be performed through a unique "comparison-by-substitution" method that calculates reimbursement for nursing homes in one State under the assumption that the other States' reimbursement systems are in effect. Data sources for this study include primary facility information and patient samples, as well as secondary sources such as cost reports.

Status: Major project activities include:

- Collection of updated information on the study States' nursing home reimbursement methodologies or capital payment methodologies, and of socioeconomic information about the communities in which the study facilities are located.

- Collection of Medicaid cost-report and payment-rate information for facilities.

- Completion of data collection and data entry for the basic sample of 144 facilities in six States and for the West Virginia augmented sample. Data collection was begun for the remaining three augmented samples (hospital-based, high Medicare, and case-mix change).

- Initial analyses of case-mix differences across States, types of reimbursement systems (class rate, facility specific, and case mix), and facilities (profit, nonprofit, urban, rural), using data from the basic sample.

- Further development of and testing of the comparison by substitution model. It has been refined to analyze more directly the resources used (in terms of registered nurse, licensed practical nurse, and aide staff hours) under different case-mix systems.

The following reports have been prepared:

- "Case-Mix Measures and Medicaid Nursing Home Payment-Rate Determination in West Virginia, Ohio, and Maryland."
- "Overview of Medicaid Nursing Home Reimbursement Systems."
- "Case-Mix and Capital Innovations in Nursing Home Reimbursement."
- "An Analysis of Long-Term Care Payment Systems: Research Design."
- "Medicaid and Non-Medicaid Case-Mix Differences in Colorado Nursing Homes."
- "Case-Mix Reimbursement for Nursing Home Services: A Three-State Simulation Model."
- "Case Mix in Connecticut Nursing Homes: Medicaid Versus Non-Medicaid, Profit Versus Non-Profit, and Urban Versus Rural Patient Groups."
- "A Methodology to Examine Nursing Home Profits."

A final report is expected in mid-1988.

Long-Term Care of Aged Individuals With Hip Fractures: Public Versus Private Costs

Project No.:	18-C-98393/3-03
Period:	September 1983 - September 1987
Funding:	$ 711,793
Award:	Cooperative Agreement
Awardee:	University of Maryland Medical School 655 West Baltimore Street Baltimore, Md. 21201
Project Officer:	Judith Sangl Division of Reimbursement and Economic Studies

Description: This study is examining, in detail, the complex economic and psychosocial determinants of the public and private contribution to the long-term care of a group of aged individuals who suddenly become disabled by hip fractures. The impact of family size and composition, social support, family economic resources, and the aged individual's physical and mental health will be analyzed in terms of the decision to enter a nursing home or return home.

Status: Baseline interviews for 650 patients from seven hospitals in the Baltimore, Maryland area have been completed. Followup interviews at 2- and 6-month intervals are being completed. Information has been obtained about health insurance benefits available to the Maryland study subjects from the four major insurance companies in the area and from the State concerning Medicaid. Preliminary data analysis has begun.

Responsibility of Children for Financing Institutional Care: Potential Response and Possible Adjustments

Project No.:	18-C-98375/1-02
Period:	November 1983 - May 1985
Funding:	$ 80,000
Award:	Cooperative Agreement
Awardee:	Hebrew Rehabilitation Center for the Aged 1200 Centre Street Boston, Mass. 02131
Project Officer:	Judith Sangl Division of Reimbursement and Economic Studies

Description: The objective of this project is to determine the barriers to and potential for alternate payment schemes for long-term care, particularly nursing home care, by the children of the elderly. The research will:

- Provide an estimate of children's resources available to share in the costs of long-term care.
- Assess the attitudes of those children toward proposals for sharing in the costs of their parents' long-term care and identify factors associated with those who have positive and negative feelings.
- Assess the market for a new type of insurance for nursing home care and identify factors associated with those who are and are not interested in such insurance.

Status: Interviews were conducted of about 2,200 elderly in Massachusetts and a sample of 350 of their adult children. The study found that more than 40 percent of the elderly expressed an interest in purchasing long-term care (LTC) insurance to cover services either in the home or in a high quality institution. Of the elderly interested in LTC insurance, 78 percent indicated that they could afford to pay $25 a month for such coverage. There was considerable variation in those who were interested in such coverage. Those who were interested were not clearly differentiated from those who were not by such factors as marital status, age, number of children, and living arrangement, although economic factors were quite predictive of level of interest. In terms of the interest expressed by children of the elderly in the purchase of LTC insurance for their parents, the study found that there was considerable interest, with 52 percent willing to pay for such insurance were it to become available. Study findings concerning the potential market for long-term care insurance indicate that there was a number of differences between children who were interested and those who were not interested in purchasing nursing home insurance for their parent(s). Children who were not interested in buying such insurance are more likely to provide help with cooking and cleaning (73 percent versus 62 percent) and transportation (84 percent versus 68 percent), more likely to visit their parent(s), and less confident about whether they could provide more financial help if it were needed. Children who were interested in buying LTC insurance for their parents were more likely to consider themselves the primary caretaker of their parent, more willing to have their parent move in with them, less confident that family and friends could provide more help if needed, and more likely to indicate a willingness to pay for outside help for their parent if necessary.

Can Geriatric Nurse Practitioners Improve Nursing Home Care?

Project No.:	18-C-98379/9-03
Period:	September 1983 - February 1987
Funding:	$ 638,360
Award:	Cooperative Agreement
Awardee:	The Rand Corporation 1700 Main Street Santa Monica, Calif. 90406
Project Officer:	Judith Sangl Division of Reimbursement and Economic Studies

Description: The purpose of the study is to evaluate the potential of the use of geriatric nurse practitioners (GNP's) for improving outcomes of care and containing costs in skilled nursing facilities. The 30 nursing homes that participated in the Mountain States Health Corporation's GNP demonstration project will be compared with 30 nursing homes in the region that did not participate. Comparisons will be made of:

- Patient outcomes.
- Process of care.
- Nursing home costs.
- History of certification deficiencies.

Homes will be matched by State, ownership, bed size, and urban, suburban, or rural location.

Status: Case-study interviews with nursing home administrators, directors of nursing, and GNP's have been completed and are being analyzed. Almost all of the prospective patient and family satisfaction interviews have been completed and analysis of the data from the prospective study has begun. Approximately, three quarters of the medical record reviews and more than one-half of the nursing home inspection data have been collected. Medicaid and Medicare cost reports are being collected and analyzed.

Case-Managed Medical Care for Nursing Home Patients

Project No.:	**95-P-98346/1-04**
Period:	**July 1983 - July 1987**
Award:	**Grant**
Grantee:	**Massachusetts Departments of Public Welfare** **180 Tremont Street** **Boston, Mass. 02111**
Project Officer:	**Jean L. Bainter** **Division of Long-Term Care Experimentation**

Description: The Health Care Financing Administration (HCFA) granted Medicare and Medicaid waivers to the Massachusetts Department of Public Welfare to permit fee-for-service reimbursement for the provision of medical services by physician-supervised nurse practitioners/physician assistants (NP/PA) for residents of nursing homes. This permits increased medical monitoring that is expected to generate cost savings as a result of fewer hospital admissions and outpatient visits. Providers will be responsible for managing and monitoring the health care and medical condition of all enrollees to assure that the primary care needs of nursing home patients are met in a timely fashion, often without resorting to the hospital emergency room. Initial physical exams, medical evaluation, and reevaluations will be performed by the NP/PA in the nursing home. The NP/PA will operate under written protocols that describe the common medical problems to be encountered and appropriate evaluation and treatment procedures. The supervising physician reviews and countersigns the NP/PA's evaluation and prescriptions. The physician is also consulted in any unusual situation or emergency.

Status: The first year of this project was a developmental phase, which included marketing the concept to other providers (individual physicians and groups) and to nursing home administrators. During the second year, 11 additional providers joined the project. The patient population is expected to reach 2,500 in 75-100 nursing homes, in the care of 15 providers. The Rand Corporation, as part of the Research Center Cooperative Agreement with HCFA, will evaluate this project focusing on the project's impact on the use and cost of nursing home and hospital services. This evaluation will rely primarily on Medicare and Medicaid claims data. The Pew Foundation has awarded a challenge grant to the University of Minnesota to assess the project's impact on quality of care.

Evaluation of Massachusetts Case-Managed Medical Care for Nursing Home Patients

Project No.:	15-C-98489/9-02
Period:	April 1985 - November 1988
Funding:	$ 300,000
Award:	Cooperative Agreement
Awardee:	The Rand Corporation 1700 Main Street Santa Monica, Calif. 90406
Project Officer:	Tony Hausner Division of Long-Term Care Experimentation

Description: The Health Care Financing Administration granted Medicare and Medicaid waivers to the Massachusetts Department of Public Welfare to permit fee-for-service reimbursement for the provision of medical services by physician-supervised nurse practitioners/physician assistants for 6,500 residents of nursing homes. This will permit increased medical monitoring that is expected to generate cost savings as a result of fewer hospital admissions and hospital outpatient visits. This evaluation will focus on the impact of the project on the use of nursing home services and hospital emergency room and outpatient services. The University of Minnesota is conducting a related evaluation on the impact of the project on quality of care.

Status: Rand and Minnesota submitted an approved research plan in March 1986. They will retrospectively collect data for the study period March 1986 to March 1987. This data collection will be completed in October 1987. Rand is currently collecting and analyzing Medicare and Medicaid claims data in order to select a matched control group. The final report is due in Fall 1988.

Longitudinal Study of the Impact of Prospective Reimbursement Under Medicaid on Nursing Home Care in Maine

Project No.:	18-C-98307/1-03
Period:	June 1983 - January 1987
Funding:	$ 467,314
Award:	Cooperative Agreement
Awardee:	University of Southern Maine Human Services Development Institute 246 Deering Avenue Portland, Maine 04102
Project Officer:	Judith Sangl Division of Reimbursement and Economic Studies

Description: This project studies the recently implemented nursing home prospective reimbursement system in Maine. The study will provide a longitudinal evaluation of the design and implementation of the system for intermediate care facilities in the State and of the system's effectiveness in achieving the policy goals of containing costs, maintaining or improving quality, and ensuring access to nursing home care by Medicaid recipients. The study consists of three major components:

- An impact analysis of the effects of prospective reimbursement on costs, quality, and access.
- A case study of the politics of the implementation of prospective reimbursement.
- An analysis of organizational and management response of nursing home administrators to the changes resulting from prospective reimbursement.

The hypotheses of the study are closely tied to the objectives of recently passed reimbursement legislation which includes incentives for maintaining and increasing Medicaid patient load. The awardee will try to measure immediate versus long-term effects of the new system on costs to the State.

Status: Major project activities are:

- Survey of nursing home administrators and directors of nursing regarding the industry's response to the new reimbursement system.
- Collection of patient-assessment data for the case-mix measures, and nursing home licensure and certification survey data for measures of quality of care.
- Collection of historical cost-report data for 3 years prior to and 1 year during implementation of the prospective reimbursement system.
- Development of facility-level case-mix measures and of structural measures of quality of care.
- Initiation of data envelopment analysis (an optimization technique) of nursing home efficiency.

Collection of audited cost-report data for post-implementation years is continuing. Preliminary analyses have begun using currently available data. Three reports have been prepared:

- "The Development and Implementation of Maine's Nursing Home Prospective Payment System."
- "Management Responses to Maine's Nursing Home Prospective Payment System."
- "A Longitudinal Study of the Impact of Medicaid Prospective Reimbursement on Nursing Home Care in Maine: An Analysis Plan."

Massachusetts Health Care Panel Study of Elderly—Wave IV

Project No.: 18-C-98592/1-02
Period: July 1984 - December 1986
Funding: $ 152,408
Award: Cooperative Agreement
Awardee: Harvard University/Harvard Medical School
1350 Massachusetts Avenue
Holyoke Center 458
Cambridge, Mass. 02138
Project Marni Hall
Officer: Division of Reimbursement and Economic Studies

Description: This project collected the fourth wave of self-reported information from the Massachusetts Health Care Panel Study cohort, a group that was selected 10 years ago as a statewide probability sample of all persons 65 years of age or over. The data from the first three waves were analyzed and the results have been reported in numerous articles in professional journals. In this project, the data from all four waves are being analyzed to determine markers of functional decline during pre-death, predictors of long-term care institutionalization, and interrelationships between physical, behavioral, and social characteristics and subsequent health care and social service utilization and mortality.

Status: All of the data for this project have been gathered. Analysis of the data is under way, and a final report is expected in early 1987.

New York State Case-Mix, Prospective Reimbursement System for Long-Term Care

Project No.: 11-C-98325/2-03
Period: August 1983 - January 1987
Funding: $ 416,012
Award: Cooperative Agreement
Awardee: New York State Department of Social Services
40 North Pearl Street
Albany, N.Y. 12243
Project Elizabeth S. Cornelius
Officer: Division of Long-Term Care Experimentation

Description: The New York State Department of Social Services was awarded a Section 1115 grant, effective August 7, 1983, to develop, test, and refine a long-term care prospective reimbursement system based on clusters of patient characteristics. This is a 3-year cooperative agreement being conducted by the New York State Department of Health and Rensselaer Polytechnic Institute. The system builds on the results of research conducted at Yale University which developed clusters of patients in relation to staff resources used (resource utilization groups or RUG's). The purpose of the project is to promote efficiency by associating payment levels with patient characteristics that indicate the amount of actual resources used by patients.

Status: During the first year, the RUG's were revised and tested. The result is a classification system (RUG's II) that accounts for 52 percent of the variance of nursing and other staff resources used by patients. RUG's II uses five clinical groupings and an activities-of-daily-living sum to develop 16 distinct resource utilization groupings. During the second year, the case-mix "weight" for each of the groups was developed. A short patient-review form was designed and tested along with an audit process. The basic design of the reimbursement system has been developed and includes:

- A price-based payment system with two major components, one of which is patient care. A 15-percent corridor was established the first year to ease the transition from a cost-based to a price-based system.
- A system to review all patients in a facility every 6 months and all new admissions quarterly.
- A concurrent audit system.

Regulations have been formulated, approved, and operationalized. All patients in long-term care facilities have been reviewed three times now for rate-setting purposes. The case-mix index (CMI) for long-stay residents was .92 in 1985 and .96 in August 1986. The CMI for new admissions was .96 in 1985 and 1.07 in August 1986. This demonstrates that the incentives are working relatively well, with facilities admitting heavier-care patients but holding long-stay residents at a stable level of function. During the first year of operation, only 22 of 600 facilities have lost delegated authority to do their own resident assessments. The RUG's II have been compared with three other case-mix measures, and researchers have reported 93 percent agreement between the data sets. The project will be completed in January 1987 and the final report should be available shortly thereafter.

Texas Long-Term Care Case-Mix Reimbursement Project

Project No.: 11-C-98688/6-02
Period: September 1984 - March 1987
Funding: $ 293,803
Award: Cooperative Agreement
Awardee: Texas Department of Human Services
701 West 51st Street
Austin, Tex. 78769
Project Officer: Elizabeth S. Cornelius
Division of Long-Term Care Experimentation

Description: The Texas Department of Human Services was awarded a 2-year cooperative agreement effective September 30, 1984, to develop and test a prospective case-mix payment methodology for long-term care facilities. Case-mix payment involves assessment of patient characteristics associated with various patterns of service needs and payment at a rate appropriate to that need. The case-mix payment methodology will reflect institutional case mix and the associated costs of service. The purpose of the project is to develop a more equitable payment system for long-ter[illegible] care providers than the current flat-rate system for reimbursement of skilled nursing and intermediate care facilities services. The project built on the results of research conducted in the State of New York. It includes:

- Two data collections of patient characteristics and staff-time measurement for 2,000 patients each.
- Analysis of long-term care reimbursement systems in Illinois, Minnesota, Maryland, Ohio, New York, and West Virginia, using the Texas data base.
- Simulation of various case-mix classifications systems using AUTOGRP.
- Determination of the best classification method for Texas and the development of a payment system.
- Identification of potential problems in implementing a case-mix payment system.

Status: The first year the State staff met extensively with the other States working on case mix. They conducted a conference of researchers and State representatives interested in case mix to review patient-assessment instruments, determine the most appropriate patient descriptors, and discuss issues involved in developing payment systems. A comparative chart of the six States' assessment instruments was developed and 100 descriptors and scales were studied. A report of the conference was prepared. In the second year, the State developed a client assessment and research evaluation tool and a staff-time process. The first data collection was completed in March 1986. A patient-specific data base was created of descriptors and direct staff-time utilization for 1,997 patients. The interrater reliability between the facility primary nurse assessor and the outside nurse auditor was 95.6 percent overall (the activities-of-daily-living scales agreement was 86.3 percent and the psychosocial and behavioral descriptors agreement was 92 percent). The State has done a comparison of direct staff time to RUG's II categories and found that the relative index scores match the New York index well, both in proportion of patients in each group and relative staff time. Other analyses will be completed in the coming months, along with a second data collection.

Design, Implementation, and Evaluation of a Prospective Case-Mix System for Nursing Homes in Massachusetts

Project No.: 11-C-98924/1-01
Period: August 1986 - August 1989
Funding: $ 362,312
Awardee: Massachusetts Department of Public Welfare
Medical Assistance Division
600 Washington Street
Boston, Mass. 02116
Project Officer: Dana Burley
Division of Long-Term Care Experimentation

Description: This project will design, implement, and evaluate a prospective case-mix system for a random sample of nursing homes in Massachusetts. This payment system will develop and test incentives for these nursing homes to admit and treat heavy-care patients while minimizing declines in quality of care. Experimental facilities will be compared to facilities that will continue to be reimbursed under the present system. A minimum of 50 experimental and 50 control homes will participate. The system will modify four of seven components of the nursing home reimbursement system currently used in the State. For demonstration facilities, nursing services payment will be case-mix adjusted using "management minutes." Incentives to admit and treat heavy-care patients will be used to further modify the nursing cost center. Various financial incentives will also be used to reduce other "controllable" operating costs.

Status: The cooperative agreement was awarded in August 1986. During the first year, project staff will finalize aspects of the proposed payment system, assign volunteer nursing homes to the experimental and control groups, and improve their quality assurance mechanisms.

Quality of Life Among Life-Care Facility and Community Residents: A Comparison

Project No.: 18-C-98630/4-01
Period: November 1984 - February 1986
Funding: $ 28,539
Award: Cooperative Agreement
Awardee: Duke University Medical Center
Center for the Study of Aging and Human Development
Box 3003
Durham, N.C. 27710
Project Judith Sangl
Officer: Division of Reimbursement and Economic Studies

Description: The objective of this project is to determine whether living in a life-care facility (where, typically, life-long care is assured and services are accessible) has an impact on residents' quality of life (defined in terms of functional status), that is significantly different from that of community residents, and whether the services used and the cost of maintaining or attaining a particular functional status is the same for life-care residents as for matched community residents. The study will use longitudinal data collected from a life-care facility in North Carolina and from the General Accounting Office survey of elderly people in Cleveland, Ohio.

Status: The project found that life care residents had increased social interaction and improved mental health. They were in comparatively poorer physical health at entry than were community residents, but they maintained their self-care capacity despite physical health declines. When first surveyed, the life-care residents and community elderly used similar services to a similar extent. A year later, service use changed little for community elderly, but life-care residents had notable increases in use of the kinds of services provided by the life-care facility—social/recreational, homemaker/household, checking, meal preparation, continuous supervision, personal care, physical therapy, and nursing care. Overall, service costs for life-care facility residents are significantly higher. But, when viewed in terms of functional equivalence, the service costs for life-care residents whose functional status improved during the 12-month period or remained unimpaired were typically lower than costs for comparable community elderly. When functional status remained or became impaired, life-care residents' costs were typically higher than those of community elderly. The researchers conclude that a more adequate sample needs to be studied to solidify the quantitative relationships between service use, service cost, and functional class.

Evaluation of "Life-Continuum of Care" Residential Centers in the United States

Project No.: 18-C-98672/1-01
Period: January 1985 - January 1988
Funding: $ 806,366
Award: Cooperative Agreement
Awardee: Hebrew Rehabilitation Center for Aged
1200 Centre Street
Boston, Mass. 02131
Project Judith Sangl
Officer: Division of Reimbursement and Economic Studies

Description: The objective of this 3-year project is to obtain information about the characteristics of continuum of care residential center (CCRC) facilities and their residents and compare them with elderly residents living in the community with respect to quality of life and health, service costs, and utilization. Data will be gathered from 20 CCRC's in four areas: California, Arizona, Florida, and Pennsylvania. These sites will be stratified according to the type of contract offered (extended versus limited), the age of the facility, and the income level of those enrolled. Three types of CCRC residents will be selected from the sites for the study sample: new admissions (580), existing residents, both short- and long-stay residents (1,640), and residents who died just prior to or during the field data gathering period (660). Quality of life and service utilization data will be gathered at two points in time, at baseline and 12 months later. Three types of comparison samples will be employed: a representative sample of elderly in their own homes or independent apartments (2,422); a national sample of elderly living in congregate housing settings (2,350); and a representative sample of elderly who have died and for whom retrospective data are available for their last year of life (1,500).

Status: The following activities have been performed:

- Recruitment of the CCRC's.
- Design and pretest of interview schedules for CCRC residents, managers, and family members of deceased residents and of data collection forms for CCRC facility data.
- Completion of baseline interviews and initiation of post-test and death followup interviews.
- Collection of fiscal and organizational data concerning CCRC facilities.

Comparison by State of SNF/ICF Types: Beds, Staffing, Utilization, and Ownership

Funding: Intramural
Project Director: Elizabeth S. Cornelius
Division of Long-Term Care Experimentation

Description: This project unduplicated the count of skilled nursing facilities (SNF's), intermediate care facilities (ICF's), and their respective beds for 1981. The facility and bed count are based on the Medicare/Medicaid Automated Certification System (MMACS) data as of May 31, 1981. Full-time equivalents for registered nurses, licensed practical nurses, physical therapists, occupational therapists, speech pathologists, pharmacists, qualified social workers, and dietitians have also been identified. A staffing matrix showing the relationship to current staffing regulations was developed. In addition, a staffing matrix, using number of beds to nurse staffing ratios, was tested in 1981. The project was conducted in conjunction with a project funded by the Office of the Assistant Secretary for Planning and Evaluation (ASPE), Department of Health and Human Services, which evaluated the usefulness of MMACS for research and policy-analysis purposes. The intramural analysis examined State-by-State differences in:

- Types of certified, long-term care facilities (SNF only, SNF/ICF combination, and ICF only).
- Certified bed supply in relation to the population and total long-term care bed supply.
- Professional staffing levels.

Updating and unduplicating of the 1984, 1985, and 1986 files have been approved so that bed supply and staffing can be compared for a multiperiod that involves both pre- and post-diagnosis-related group (DRG) payments of hospitals. The analysis will identify what percent of the total certified beds were used by Medicare, Medicaid SNF, and Medicaid ICF patients during fiscal year 1981 and later years.

Status: The ASPE evaluation has been completed, and the final report has been accepted by the Department. The evaluation found that the staffing data are acceptable for a State-level analysis. An unduplicated tape has been prepared and tables have been constructed. The staffing data have been cross-checked with the Master Facility Inventory File maintained by the National Center for Health Statistics, and a research file at Columbia University. A comparison of the bed data has been made with the 1980 and 1982 Master Facility Inventory. The data match and thus enable a comparison of total long-term care beds to certified beds. The unduplicated file is being used by several grantees and contractors relative to nursing home supply and demand studies. The 1984 and 1985 files are being checked against State licensure directories and unduplication is complete for 1984. The 1984 file is available and the 1985 file will be available shortly. By 1987, changes in the entry processing method of the MMACS master file will be completed. The revised method will allow better comparison of the ongoing data. Papers completed include:

- "The Medicare/Medicaid Automated Certification System: Applications to Long-Term Care."
- "Interstate Variation in Medicare Skilled Nursing Facility Patient Characteristics."

Comparative Study of State Approaches to Long-Term Care System Reform

Project No.: 18-C-97923/3-04
Funding: $199,826
Award: Cooperative Agreement
Awardee: National Governors' Association
Center for Policy Research
Hall of States
444 North Capitol Street
Washington, D.C. 20001-1572
Project Officer: Leslie N. Saber
Division of Long-Term Care Experimentation

Description: The Health Care Financing Administration and the Office of the Assistant Secretary for Planning and Evaluation are co-sponsoring this 1-year study by the National Governors' Association (NGA). The purpose of the study is to compare and assess the strategies employed by six States (Arkansas, Illinois, Maine, Maryland, Oregon, and Wisconsin) to consolidate their authority over the long-term care services system so that resources can be more rationally allocated between institutional and community settings. The study will describe how States are capitalizing on existing system flexibilities, what policy and programmatic waivers must be overcome to achieve State goals, and what State practices seem most effective in achieving system change. It is anticipated that the results will be valuable for future State policy development and could also identify changes in Federal policy that could support the development of new solutions to long-term care problems.

Status: In March 1986, a committee of experts was convened to select the six case study States. Several of these experts and additional consultants also met in March to serve as an advisory committee to NGA for reviewing the overall study design and identifying the information needs and resources that should be addressed during the State field visits. Between June and August 1986, the project staff completed their State visits. A draft report is expected in January 1987.

State Medicaid Nursing Home Policies, Utilization, and Expenditures

Project No.: 18-C-98765/9
Period: September 1985 - September 1987
Funding: $ 156,805
Award: Cooperative Agreement
Awardee: University of California at San Francisco
3rd and Parnassus Avenues
San Francisco, Calif. 94143
Project Officer: Gerald S. Adler
Division of Beneficiary Studies

Description: The project will examine Medicaid long-term care use and cost across the 50 States as they are affected by State policies (utilization controls, eligibility rules, and reimbursement). Focus is on the impact of controls implemented during the period 1982-85, using annual statistical reports (HCFA Form 2082, Statistical Report on Medical Care: Recipients, Payments, and Services) and other sources for data.

Status: The project was funded in September 1985. Most of the data have been collected and the analysis phase has begun.

Social Health Maintenance Organizations

Social Health Maintenance Organization Project for Long-Term Care

Project No.: 18-C-97604/1-06
Period: March 1980 - August 1986
Funding: $ 1,564,978
Award: Cooperative Agreement
Awardee: Brandeis University
Health Policy Center
415 South Street
Waltham, Mass. 02254
Project Officers: J. Donald Sherwood and Sidney Trieger
Division of Long-Term Care Experimentation and
Division of Health Systems and Special Studies

Description: In accordance with the congressional mandate (Public Law 98-369, Section 2355), this project developed and is currently implementing the concept of a social health maintenance organization (S/HMO) for long-term care. A S/HMO integrates health and social services under the direct financial management of the provider of services. All services are provided by or through the S/HMO at a fixed annual prepaid capitation sum.

Status: Four S/HMO demonstration sites have been selected by the Health Policy Center. These sites include two HMO types that add long-term care services to their service packages and two long-term care providers that add acute care services to their service packages. The Center and the sites have developed a common service package, financing plans, and risk-sharing arrangements. The demonstration sites utilize Medicare and Medicaid waivers. All four sites had initiated service delivery by March 1985. During the first year, the sites concentrated their efforts on marketing and enrollment in order to reach an effective level to substain their operations. The demonstration will continue through August 1988. The S/HMO sites are:

- Elderplan, Inc.
  Sponsor: Metropolitan Jewish Geriatric Center
  Brooklyn, New York
  Project Officer: William D. Clark

- Seniors Plus
  Sponsors: Group Health Inc. and Ebenezer Society
  Minneapolis, Minnesota
  Project Officer: John Sirmon

- Medicare Plus II
  Sponsor: Kaiser-Permanente Medical Care Program
  Portland, Oregon
  Project Officer: John Sirmon

- Senior Care Action Network Health Plan
  Sponsor: Senior Care Action Network
  Long Beach, California
  Project Officer: William D. Clark

A draft report was received in September 1986. A final report is expected January 1987. The following publications have been produced:

- "The SHMO: A professional and organization challenge," In Reshaping Health Care for the Elderly, Carl Eisdorfer, Ed., Baltimore, Maryland, Johns Hopkins University Press, Forthcoming.
- "Long-term care insurance: Will it sell?" Business and Health, November 1986.
- "The social health maintenance organization and long-term care," Generations, Vol. 9, No. 4, Summer 1985.
- "The national social health maintenance organization demonstration," Journal of Ambulatory Care Management, Vol. 8, No. 4, September 1985.
- "The social health maintenance organization: A vertically integrated prepaid care delivery system for the elderly," Health Care Financial Management, Vol. 38, No. 10, October 1984.
- "The social health maintenance organization and its role in reforming the long-term care delivery system," Conference Proceedings: Long-Term Care Financing and Delivery Systems: Exploring Some Alternatives, HCFA Pub. No. 03174, Washington, U.S. Government Printing Office, June 1984.
- Changing Health Care for the Aging Society: Planning for the Social Health Maintenance Organization, Lexington, Maine, Lexington Books, 1985.
- "Functional Assessment: Achieving and Maintaining Inter-Rater Reliability in Multi-Site Long-Term Care Demonstration Programs: An Example from the Consortium of Social/HMO's."

Evaluation of Social Health Maintenance Organization Demonstrations

Project No.:	500-85-0042
Period:	September 1985 - December 1989
Funding:	$ 2,388,622
Award:	Contract
Contractor:	University of California, San Francisco Aging Health Policy Center San Francisco, Calif. 94143
Project Officer:	Alan S. Friedlob Division of Long-Term Care Experimentation

Description: The social health maintenance organization (S/HMO) seeks to enroll voluntarily, persons 65 years of age or over in an innovative prepaid program that integrates medical, social, and long-term care delivery systems. The S/HMO merges the health maintenance organization concepts of capitation financing and provider risk-sharing developed by the Health Care Financing Administration (HCFA) under its Medicare capitation and competition demonstrations with the case-management and support services concepts underlying Department of Health and Human Services' (DHHS) sponsored long-term care demonstrations serving the chronically ill aged. Evaluation results will be transmitted to Congress (mandated by Public Law 98-369) and will be used by HCFA and DHHS to assess whether the S/HMO concept should be fostered through changes in prepaid Medicare contracting regulations.

Status: This contract was awarded in September 1985. Interim results will be available in Fall 1987.

PROGRAM ANALYSIS AND EVALUATION

National Medical Care Utilization and Expenditure Survey

Perspectives on Health Care: United States, 1980

Funding: Intramural
Project Officer: Judith D. Kasper
Division of Beneficiary Studies

Description: The purpose of this project is to develop an overview report of major findings from the National Medical Care Utilization and Expenditure Survey. Data for the Nation and the Medicare and Medicaid populations will be presented, covering sociodemographic characteristics, access to primary care, and use and expenditures for all types of health services.

Status: The report, entitled "Perspectives on Health Care: United States, 1980," will be published in the National Medical Care Utilization and Expenditure Survey Series in Spring 1987.

Title XIX Data Development

Medicaid Tape-to-Tape: Data and Analysis

Project No.: 500-84-0037
Period: June 1984 - March 1987
Funding: $ 2,347,894
Award: Contract
Contractor: SysteMetrics, Inc.
104 West Anapamu Street
Santa Barbara, Calif. 93101
Project Officers: David K. Baugh and Penelope L. Pine
Division of Program Studies

Description: This project continues the development and implementation of a Medicaid person-level data set from five State Medicaid Management Information Systems (MMIS) (California, Georgia, Michigan, New York, and Tennessee). This effort will acquire data on enrollment, claims, and providers for 1983 and 1984. These data will be used to create uniform files, provide descriptive reports, support analysis and evaluation, and develop methodology for on-line data base management. This project provides a continuum of 5 years of uniform Medicaid data for the conduct of analysis of program management, evaluation of policy alternatives, and feedback to States in the area of Medicaid financing.

Status: Acquisition and processing of person-level enrollment, claims, and provider data have been obtained from State MMIS. New "early return" tabulations are being designed to include data on mortality and diagnosis. Research is under way on a number of special topics including: Medicaid children, intermediate care services for the mentally retarded, long-term care, selected illnesses, hospital services, ambulatory services, and patterns of Medicaid utilization over time.

Medicaid Tape-to-Tape: Research Data and Analysis

Project No.: 500-86-0016
Period: March 1986 - March 1990
Funding: $ 5,091,560
Award: Contract
Contractor: SysteMetrics, Inc.
104 West Anapamu Street
Santa Barbara, Calif. 93101
Project Officers: Penelope L. Pine and David K. Baugh
Division of Program Studies

Description: This project continues the development and implementation of a Medicaid person-level data set from five State Medicaid Management Information Systems (MMIS) (California, Georgia, Michigan, New York, and Tennessee). This effort will acquire data on enrollment, claims, and providers for 1985-88. These data will be used to create uniform files, provide descriptive reports, support analysis and evaluation, and develop methodology for online data base management. This project will provide a continuum of 9 years of uniform Medicaid data for the conduct of analysis of program management, evaluation of policy alternatives, and feedback to States in the area of Medicaid financing.

Status: Currently, project staff are planning for the acquisition and processing of person-level enrollment, claims, and provider data that will be obtained from State MMIS systems. This project is also investigating the possibility of linking the data base to other kinds of health statistics and including new Medicaid variables. The project will continue to produce early return tabulations that summarize enrollment utilization and expenditures data for each year and each participating State.

Impact of Medicaid Home and Community-Based Waiver Services for the Mentally Retarded in Maine

Project No:	11-C-98605/1-01
Period:	July 1984 - January 1986
Funding:	$ 48,438
Award:	Cooperative Agreement
Awardee:	Maine Department of Human Services 221 State Street Augusta, Maine 04333
Project Officer:	Gerald S. Adler Division of Beneficiary Studies

Description: The study assesses the first year of a program that provides home- and community-based care to 200 mentally retarded persons in Maine, in lieu of institutional care. Program implementation and administration will be compared with the intended program design. Costs of services and quality of life for waiver participants will be compared with those of controls. Multiple regression will be used to estimate program effects while controlling for other characteristics of the participants and care settings. This project is being conducted by the Human Services Development Institute of the University of Southern Maine under contract to the State.

Status: Draft final report is under review and is expected to be available in late 1986.

QUALITY AND COVERAGE

Quality

Development, Pilot Testing, and Refinement of Valid Outcome Measures for the Home Care Setting

Project No.:	18-C-98868/0-02
Period:	September 1985 - August 1988
Funding:	$ 188,766
Award:	Cooperative Agreement
Awardee:	Home Care Association of Washington 12721 30th NE., Suite 201 Seattle, Wash. 98125
Project Officer:	Pete Rhodes Division of Long-Term Care Experimentation

Description: Most efforts to evaluate home health care quality have focused on the structure or the process of care but neglected another important perspective: patient outcomes. This project, sponsored by the Home Care Association of Washington (HCAW), is designed to develop, pilot-test, and refine seven patient outcome measures for the quality of care by home health agencies. The project will conduct pilot tests in HCAW member agencies with 30-40 patients participating per agency.

Status: The three outcome scales that were pilot-tested the first year are discharge status, taking prescribed medications as prescribed, and general symptom distress. The project currently is analyzing the patient-level data collected during the pilot tests. The two outcome measures selected for testing in the second year are client satisfaction and a utilization review scale.

Analysis of Hospital After Care Under Prospective Payment

Funding:	System Sciences, Inc. (See page 22)
Project Officer:	Lawrence E. Kucken Division of Beneficiary Studies

Description: The purpose of this pilot study is to develop and field test methods for determining the appropriateness of post-discharge after-care services. Study methods will involve classifying patients at the time of their discharge from the hospital according to their post-discharge service needs and applying professionally developed guidelines to project after-care needs. Projected need will then be compared with services received based upon interview data.

Status: This project is in the early developmental stage.

Geriatric Continence Research Project

Project No.: 1AA-85-0383
Period: November 1985 - October 1988
Funding: $ 562,653
Award: Interagency Agreement
Agency: Gerontology Research Center
Francis Scott Key Medical Center
4940 Eastern Avenue
Baltimore, Md. 21224
Project Officer: William D. Clark
Division of Long-Term Care Experimentation

Description: The Gerontology Research Center at the Francis Scott Key Medical Center, the intramural clinical research center of the National Institute on Aging (NIA), has been selected to conduct a jointly funded research project on geriatric continence of institutionalized patients in a 12-bed unit of the Mason Lord building. NIA is sponsoring this research effort with partial funding from the Health Care Financing Administration (HCFA). The 3-year project will test treatment courses involving behavioral modification techniques with 150 patients who are incontinent of urine, feces, or both. The major objectives of this research project are to:

- Test the medical effectiveness of treatment methodologies across 15 strata for 150 institutionalized patients.
- Determine the cost effectiveness of successful treatment methods being tested.
- Determine the potential value of successful treatments for general use with incontinent patients and publish project results.

Status: The special unit has been prepared for patient care, and appropriate staff members have been hired and trained. Patients were first admitted to the unit in December 1985.

Changes in Post-Hospital Service Use By Medicare Beneficiaries

Project No.: 500-85-0015
Period: August 1986 - December 1986
Funding: $ 301,500
Award: Contract
Contractor: Abt Associates, Inc.
55 Wheeler Street
Cambridge, Mass. 02138
Project Officer: Paul W. Eggers
Division of Beneficiary Studies

Description: This project is congressionally mandated by the 1983 Amendments (Public Law 98-21) to the Social Security Act. The objective of this study is to determine the extent to which use of Medicare-covered services (post-inpatient discharge) have changed as a result of the impact of the prospective payment system (PPS). This study will test whether or not the shortened lengths of stay under PPS have resulted in increased utilization of Medicare-covered skilled nursing facilities, home health services, and physician services. The analysis will be based on a random sample of hospitalized patients for the years 1980 through 1984 and will be targeted on patients at high risk of having post-hospital subacute care needs. Linked Medicare claims files will be used to track changes in post-hospital use over this time. The unit of analysis will be the hospitalization episode. Medicare service use will be examined for a 6-month period following discharge from the hospital.

Status: The award was made in August 1986. Analytical file construction is currently under way. A report is expected to be included in the 1986 Annual Report to Congress on prospective payment.

Registered Dietitians in Home Care

Funding: Intramural
Project Director: Marni Hall
Division of Reimbursement and Economic Studies

Description: Section 958 of Public Law 96-499, the Omnibus Budget Reconciliation Act of 1980, directs the Department of Health and Human Services to conduct a study of "the circumstances and conditions under which services furnished by registered dietitians should be covered as a home health benefit under Title XVIII of the Social Security Act." The study had three objectives:

- To assess Medicare beneficiaries' needs for direct clinical counseling by registered dietitians in the home.
- To explore alternative methods for coverage and reimbursement.
- To estimate utilization rates and costs for the alternative methods of coverage and reimbursement.

Status: The report was sent to the Congress in March 1986. The Department recommended the continuation of present Medicare coverage for registered dietitians services in the home. This coverage includes, under home health benefits, payment on a cost-per-visit basis for nutritional therapy services provided by visiting nurses. In addition, home health agencies may retain registered dietitians as consultants to advise and educate their staffs or to make necessary home visits and include an allocated portion of the cost in their Medicare administrative or overhead expenses. In addition, the report also stated that the Department will continue to develop and test alternative home health reimbursement methods which will encourage the use of many services, including dietitian's services, which are beneficial and efficient.

Home Respiratory Therapy Services

Funding: Intramural
Project Director: Marni Hall
Division of Reimbursement and Economic Studies

Description: Section 958 of Public Law 96-499, the Omnibus Budget Reconciliation Act of 1980, requires that the Department of Health and Human Services conduct "a study of the circumstances and conditions under which services furnished with respect to respiratory therapy should be covered as a home health benefit under Title XVIII of the Social Security Act." This study evaluates these issues and examines the present "state of the art" in respiratory therapy and the current availability of respiratory therapy services. It also examines the medical and economic ramifications of expanding Medicare benefits to include those home services provided by respiratory therapists.

Status: The report was submitted to Congress in March 1986. The Department recommended that present Medicare coverage of home respiratory therapy services be retained. This coverage includes, under home benefits, payment on a cost-per-visit basis for respiratory therapy services which are delivered by nurses or physical therapists. Additionally, home health agencies may retain respiratory therapy practitioners as consultants to advise and educate their staff or to make necessary home visits and include an allocated portion of the cost in their Medicare administrative or overhead expenses. Oxygen and other respiratory equipment and supplies are covered by Medicare's durable medical equipment (DME) benefit. The report also states that expansion of cost-per-visit payments to cover home visits by respiratory therapists is not consistent with the Department's current development of reimbursement alternatives. The Department favors fundamental reimbursement reform involving a broad spectrum of home health services and is developing and testing alternative home health reimbursement methods which will reward the beneficial and efficient use of many services including respiratory therapy.

Quality and Effectiveness of Preventive Medical Care

Project No.: 18-P-97777/9
Period: September 1980 - January 1987
Funding: $ 596,804
Award: Grant
Grantee: The Rand Corporation
1700 Main Street
Santa Monica, Calif. 90406
Project Benson Dutton
Officer: Division of Reimbursement and Economic Studies

Description: This study focuses on the effect of preventive care on various categories of medical expenditure and any losses attributed to sickness. Issues and questions to be addressed include:

- The effects of preventive care on health status, medical care use, and work time available.
- The responsiveness of consumer demand to changes in the price of preventive care.
- The amounts of preventive care used in prepaid systems versus fee-for-service practice settings, both with no out-of-pocket charges.
- Whether or not people choosing the prepayment plan are fundamentally different in their desires to obtain preventive care.

The study will use data from the Rand Health Insurance Study (HIS), a social experiment in which families are assigned to several different health insurance plans. Approximately 8,000 individuals have been enrolled at six sites across the country: Dayton, Ohio; Seattle, Wash.; Fitchburg, Mass.; Franklin County, Mass.; Charleston, S.C.; and Georgetown County, S.C.

Status: To date, this project has produced analyses of the frequency and cost of medical visits involving nonpreventive care and hospitalizations. Findings from this analysis indicate no significant effect of aggregate preventive activities on aggregate nonpreventive care, hospital visits, and costs. These findings were presented at the Conference on Productivity in Health, Stanford University, August 1983, and the Third International Conference on System Science in Health Care, Munich, Germany, July 1984. Rand has subsequently submitted a working draft entitled "Preventive Medical Care: Standards, Usage, and Efficacy," examining the effects of use of health services and health status, frequency of preventive use, cost sharing, use of preventive services, and a discussion of the limitations of the study. A final report is expected Winter 1987.

Prevention of Future Utilization of Health and Long-Term Care Services

Project No.: 18-P-98288/3-03
Period: March 1983 - March 1987
Funding: $ 747,000
Award: Grant
Grantee: Johns Hopkins University
School of Hygiene and Public Health
615 North Wolfe Street
Baltimore, Md. 21205
Project James Hadley
Officer: Division of Health Systems and Special Studies

Description: Johns Hopkins is evaluating an intervention project conducted at New York University Hospital, entitled "Cooperative Care" in which chronically ill Medicare beneficiaries and their care partners are trained in self-care techniques. The purpose of the project is to reduce the high rate of post-discharge rehospitalizations for certain chronic conditions (e.g., heart disease) through good home-care monitoring. Cooperative Care, a 4-day inpatient education program, emphasizes the care partner's role in reinforcing patients to take their medication and to adhere to diet and exercise regimens.

Status: Since the beginning of the study, 456 patients plus 456 care partners have been randomly assigned to either the experimental or control group. Approximately 80 percent of the experimental patients are transferred into Cooperative Care from New York University Hospital, and the other 20 percent are directly admitted to the program. All interview data and utilization data concerning patient experience in the cooperative care unit have been collected and analyzed. Control group data, which will be integrated into the final report expected in September 1987, is in the process of being analyzed.

Prevention of Falls in the Elderly

Project No.: 95-C-98578/9-02
Period: September 1984 - February 1988
Funding: $ 375,000
Award: Cooperative Agreement
Awardee: Kaiser Foundation Research Institute
Health Services Research Center
4610 Southeast Belmont Street
Portland, Oreg. 97215
Project Officer: Leslie N. Saber
Division of Long-Term Care Experimentation

Description: In September 1984, a cooperative agreement was awarded to the Kaiser Foundation Research Institute to test the effectiveness of a comprehensive program for the prevention of falls in the elderly. The project is being conducted through the Health Services Research Center, Kaiser Permanente Medical Care Program, in Portland, Oregon. The project design includes a randomized trial of 2,400 households with Kaiser members 65 years of age or over who are participating in two groups—an intervention group and a control group. All participants are providing data on falls and receive a home audit. Participants in the intervention group are offered a special falls prevention program which includes a self-management educational curriculum and the installation of safety equipment and minor renovations in the home. In addition, a blind control group of elderly Kaiser members are included to measure the incidence of falls-related medical care use. The project is collecting data for a 24-month period on all participants. Funding support for this demonstration is supplemented by the National Institute on Aging, the Robert Wood Johnson Foundation, and Kaiser Foundation Hospitals, Inc.

Status: An interagency agreement with the National Institute on Aging to fund this project was finalized in March 1985. The project completed its recruitment of participants by April 1986 and is currently tracking all participants for 1 year.

The Economy and Efficacy of Medicare Reimbursement for Preventive Services

Project No.: 95-C-98516/4-01
Period: September 1985 - September 1991
Funding: $ 1,800,000
Award: Cooperative Agreement
Awardee: University of North Carolina
Department of Social and Administrative Medicine
300 Bynam Hall, 008A
Chapel Hill, N.C. 27514
Project Officer: Maria Aron
Division of Health Systems and Special Studies

Description: The University of North Carolina at Chapel Hill will implement the preventive services demonstration in the Research Triangle area using a combination of primary care sites. To date, the following three organizations have agreed to participate: Lincoln Community Health Center in Durham (one site), Village Family Medicine in Chapel Hill (one site), and Wake Health Services in Raleigh (three sites). Participants will be identified from the registers of cooperating clinics and will be invited to participate. Those patients willing to participate will be randomly allocated to one of four groups: clinical screening only, health promotion only, clinical screening plus health promotion, and the usual care control. The total sample size will be approximately 4,000 (1,000 in each group). Clinical screening and health promotion services will be reimbursed separately (i.e., to average $100) at an annual rate of $57 for screening and $43 for health promotion services. The Health Care Financing Administration, Division of Research and Demonstrations Systems Support will process the claims. The evaluation will be conducted by the Department of Social and Administrative Medicine and the Health Services Research Center of the University of North Carolina at Chapel Hill.

Status: In October 1986, the project began offering clinical screening, health promotion, and followup services to appropriate participants.

A Demonstration and Evaluation of a Preventive Services Package to Provide Early Detection of Illness and Monitoring of High-Risk Medicare Beneficiaries

Project No.:	95-C-98539/1-02
Period:	September 1985 - September 1991
Funding:	$ 1,429,000
Award:	Cooperative Agreement
Awardee:	Blue Cross/Blue Shield of Massachusetts, Inc. Health Program Development 100 Summer Street Boston, Mass. 02106
Project:	John F. Meitl
Officer:	Division of Health Systems and Special Studies

Description: Blue Cross/Blue Shield of Massachusetts, Inc. has designed and will implement a population-based randomized study that will test the impact of a four-part annual prevention benefit package on the health status and health service cost and utilization of Medicare beneficiaries. The benefit package will include:

- An annual risk appraisal with clinical screening and comprehensive assessment.
- Drug evaluation.
- Health education and health promotion activities.
- Referrals to community resources.

The clinical screening process will include a detailed health history, height, weight, blood pressure check, and a vision test. Letters of invitation to participate in the demonstration will be sent to all Medicare beneficiaries residing in ZIP code areas that have been assigned to each of the following three participating clinics in the Boston area: Urban Medical Group, Beth Israel Health Care Associates, and North Education Community Health Center. Participants can only receive the prevention benefit package from the clinic to which they have been assigned. Approximately 10,000 Medicare beneficiaries will be randomly assigned into the experimental or control groups (5,000 each). About 60 percent are expected to agree to participate and receive the prevention package (3,000). The prevention services will be given by a geriatric nurse practitioner with pharmacist involvement. Of the 3,000, it is expected that 2,400 beneficiaries will be assessed annually, and the estimated 600 who are expected to be at high risk during the annual risk appraisal will be followed and assessed quarterly. Reimbursement for the preventive services will average $100 per beneficiary per year, and Blue Cross and Blue Shield will process the claims from the providers.

Status: During the developmental phase of the demonstration, Blue Cross and Blue Shield has submitted a waiver cost estimate, a protocol, and a continuation application for the second year of the demonstration. Implementation of the operational phase of the demonstration is planned for March 1987.

Longitudinal Quantitative and Case Study Analyses of Differences in State Utilization Patterns for Providing Intermediate Care Facility for the Mentally Retarded (ICF/MR) and Noncertified Residential Services

Project No.:	18-C-99074/5-01
Period:	June 1987 - December 1988
Funding:	$ 88,268
Award:	Cooperative Agreement
Awardee:	Center for Residential and Community Services University of Minnesota 6 Pattee Hall, 150 Pillsbury Drive, S.E. Minneapolis, Minn. 55455
Project	Marni Hall
Officer:	Division of Reimbursement and Economic Studies

Description: This project will update information on the status and changes in residential services for the mentally retarded gathered by this awardee for 1977 and 1982 in a previous HCFA-funded grant. Data on the current status of the intermediate care facility for the mentally retarded (ICF/MR) program, which was obtained through the Inventory of Long-Term Care Places, the sampling frame for the Institutional Component of the National Medical Expenditures Survey, will be analyzed and supplemented by case studies of selected States' programs for serving the mentally retarded.

Status: This project is editing data from the tape of the Inventory of Long-Term Care Places, and is reconciling the data on numbers of facilities from this tape with summaries received from individual States. In the near future, this project hopes to produce summary tables reporting preliminary data from the Inventory. Included will be information on the number of public vs. private facilities, and the number of ICF/MR's relative to other facilities in States' mental retardation systems. Initial efforts to design the questionnaire for the case studies are also underway.

Natural History of Post Acute Care for Medicare Patients

Project No.:	17-C-98891/5-01
Period:	December 1986 - December 1989
Funding:	$2,772,105
Award:	Cooperative Agreement
Awardee:	University of Minnesota, School of Public Health 420 Delaware Street, S.E., Box 197 Minneapolis, Minn. 55455
Project Officer:	Marni Hall Division of Reimbursement and Economic Studies

Description: This is a study of the course and outcomes of post-acute care. It has two major components: (1) Analysis of Medicare data to assess differences in patterns of care across the country and to determine the extent of substitution where various forms of post-acute care services are more or less available, and (2) Detailed examination of clinical cases from the most common diagnostic related groupings (DRGs) receiving post-acute care in a few selected locations. Measures of the complexity of the clinical cases will be developed using a modification of the Medisgroups system.

Status: The assessment instruments for this study have been designed and are being pilot tested. They have been reviewed and approved by the project's Advisory Committee. Recruitment of the hospitals in Pittsburgh, Minneapolis, and Houston is underway. Efforts are proceeding on the selection of sub-contractors in the three cities to manage the data collection. Work will begin shortly on developing specific deliverables from the RAND Medicare analysis and the Boston University Medisgroups portion of the scope of work.

A Study of Home Health Care Quality and Cost Under Capitated and Fee-For-Service Payment Systems

Project No.:	17-C-99051/8-01
Period:	June 1987 - December 1988
Funding:	$ 355,583
Award:	Cooperative Agreement
Awardee:	Center for Health Policy Research 1355 South Colorado Boulevard Denver, Colo. 80222
Project Officer:	Marni Hall Division of Reimbursement and Economic Studies

Description: This 18-month pilot project will assess the feasibility of conducting a study that will compare the quality and cost of home health care provided under capitated and non-capitated payment systems for two groups of Medicare beneficiaries - clients admitted to home health care following a hospitalization, and those who have not been in a hospital for at least 30 days prior to the initiation of home care. Process and outcome quality measures would be developed and used with patient-level resource use measures to assess cost effectiveness of care in the two settings.

Status: In the initial months of this project, work has begun on selecting the Advisory Committee, on designing the data collection instruments and associated protocols, and assessing the adequacy of home health agency data sources. In the coming months efforts will be made to recruit home health agencies for the study, and the research design will be more fully developed.

NEW PROJECTS FORM

Title:	1	Trends in Patterns of Post-Hospital Service Use and Their Impact on Outcomes
Project No.:	2	17-C-99009/4-01
Period:	3	June 1, 1987 - May 31, 1990
Funding:	4	$293,922
Award:	5	Cooperative Agreement
Awardee:	6	Duke University
Project Officer:	7	Lawrence E. Kucken Division of Beneficiary Studies
Description:	8	This project will examine the pattern of care delivered after hospitalization for different types of hospitalized patients, as distinguished by diagnosis, age, sex, and other data elements contained on the Medicare Part A bill. Post hospital use patterns will be examined in terms of types and duration of Medicare services received and the proportion of patients receiving care. Similar patterns will be examined for non-hospitalized Medicare beneficiaries.
Status:	9	Project is in the developmental phase

Congressionally mandated: 10 No

OFFICE OF HUMAN DEVELOPMENT SERVICES: ADMINISTRATION ON DEVELOPMENTAL DISABILITIES

NARRATIVE

OVERVIEW OF ADD PROJECTS SERVING ELDERLY PERSONS WITH DEVELOPMENTAL DISABILITIES

The Administration on Developmental Disabilities is responding to its legislative mandate to provide training for professionals in service to elderly persons with developmental disabilities and to serve the needs of this growing population. The projects documented herein reflect ADD funding in this area for the years 1985–89.

In responding to this rapidly growing population, several projects demonstrate initiatives being taken for needs assessment, service planning, and above all, *the stimulation of interaction and coordination between the aging and the developmental disabilities service networks.*

One project deals with the screening of elderly persons for dementia and depression with the goal of helping elderly persons who are mentally retarded to utilize appropriate community resources to maintain and improve their mental health. Another project focuses on the analysis and demonstration of effective and efficient community-based living for severely developmentally disabled citizens, including the elderly.

Finally as a Federal expression of the collaboration of the aging and developmental disabilities networks, ADD jointly funds three projects sponsored by AoA: One on a composite approach to the service needs of the elderly developmentally disabled; two directed to Life Service and Life Care Plans that address the needs of the elderly developmental disabled, as well as elderly parents of developmentally disabled persons.

Grantee: University of Rochester, 601 Elmwood Avenue, Box 671, Rochester, NY 14642.

Principle Investigator: Philip W. Davidson—Phone: 716/275-2986.

Contact person: Same—Phone: Same.

Title: Comprehensive Community-wide Planning for Services for Elderly DD.

Project summary: The project has the goal of establishing a plan for a comprehensive and coordinated system of services for aging persons with developmental disabilities residing in Monroe County. The project will impact on the aging population in several ways. First, the wide base of leadership support for the project should foster the links between the collaborators and assure that they will continue beyond the project's duration. Experience in Rochester and elsewhere with the Concensus Planning Model has shown that the planning agents remain bonded together for future implementation activities. Second, the database should identify for planners within Monroe County and at the State level the needs of this population. Once concrete needs are identified, immediate alterations in service delivery and inservice training may be possible with no additional resources. Third, the concensus plan will serve as a blueprint for local providers and local government, as well as to justify whatever systemic change in service delivery is indicated as necessary. The project is sponsored by the UAPDD in collaboration with the University of Rochester Center on Aging, the Monroe County Department of Mental Health, the Monroe County Association for Retarded Citizens, and the Monroe DDSO.

Keywords: Elderly/Consensus Planning Model/Public Private Support/Database.

Products: Quarterly progress reports and final project report will be submitted as required. The initiation of a model consortium of government and private sector constituents to guide planning and implementation of local services.

A model database on the characteristics and service needs of aging persons with DD residing in Monroe County, a services and manpower training needs assessment and a resources guide. A model comprehensive consensus implementation plan for local services to aging persons with DD.

Grant: 03DD0133.

CDP No: N/A.

Priority area: III–C.

Project period from 86/07/01 to 88/06/30; budget period from 86/07/01 to 87/06/30

Total funding amount	20,000
1st FY	20,000
2nd FY	0
3rd FY	0

Type of grant action: UAF Pt. III Supp.
Funding source: Add.
Other funds: None.
Coordination with P&A: No. Coordination with DD Council: No.
Grantee: University of Vermont, 499 C Waterman Building, Burlington, VT 05405.
Principle Investigator: Wayne L. Fox, Ph.D.—Phone: 802/656-4031.
Contact person: Same—Phone: same.
Title: Spec Proj to address the plan and serv needs of elderly Vermonters W/DD.

Project Summary: The purpose of this project is: (a) to conduct a survey of the status of elderly Vermonters with developmental disabilities to determine who and how many there are, where they are, what they are doing, and their service needs, and (b) to provide a description of currently available services provided them through various community agencies. The survey will result in a document that can be used by the State Agency of Human Services, area offices on aging, Community Mental Health Centers, Vermont Citizens Advocacy Programs, the Vermont Development Disabilities Council and the Center for Developmental Disabilities for establishing priorities for the development and coordination of services for this population.

Keywords: Elderly/Survey/Service Coordination/Support Networks.

Products: Quarterly progess reports and final project report will be submitted as required.

Information about the project will be disseminated to all groups having an impact on this population through newsletters, inservice training sessions, monographs, brochures, news releases and journal articles.

Grant: 03DD0137.
CDP No: N/A.
Priority area: III-C.

Project period from 86/07/01 to 88/06/30; budget period from 86/07/01 to 87/06/30

Total funding amount	20,000
1st FY	20,000
2nd FY	0
3rd FY	0

Type of grant action: UAF Pt. III Supp.
Funding source: Add.
Other funds: None.
Coordination with P&A: Yes. Coordination with DD Council: Yes.
Grantee: University of Alabama in Birmingham, Disorders—Box 313 Univ. Stat, Birmingham, AL 35294.
Principle investigator: Gary J. Myers, MD—Phone: 205-934-5471.
Contact person: J. Wesley Libb—Phone: 205/934-5471.
Title: A Needs Assessment Survey of Elderly DD Persons in Alabama.

Project Summary: The goal of this project is to develop a Statewide needs survey for elderly developmentally disabled persons. The project's hypothesis are: (1) there is a sizable number of individuals in Alabama over 60 years of age who are also developmentally disabled or appropriately described by this label; (2) there are needs which can and will be identified, many of which will relate to the fact that parents who have been the primary care givers are now too old to provide the care required and who are seeking help; and (3) many of the needs of the older developmentally disabled person will be common to the aged population in general. There are three specific outcomes of the project: (1) a statistically valid estimate of the number of individuals in Alabama who are 60 and older who are also developmentally disabled; (2) summary demographic descriptors of the group; and (3) a preliminary statement of the physical health, financial, social, and other needs of this same group as seen by their major or primary care provider. In the second category we will determine the numbers of such persons by sex, race, age, geographic location, living arrangement, disability, and functional level. On disability and functional level, the project will access diagnostic information already available. Information on the needs of this population will be obtained from primary care givers. If available on a reasonably representative sub-sample of this group we will also obtain and analyze professionally generated data on needs.

Keywords: Elderly/Survey/Needs Assessment/Aged.

Products: Quarterly progress reports and final project report will be submitted as required.

Data from this study will be prepared in summary fashion in report format. Copies will be distributed to the appropriate State and local agencies.

Grant: 04DD000162.

CDP No: N/A.

Priority area: 111-C.

Project period from 86/07/01 to 88/06/30, budget period from 87/07/01 to 88/06/30

Total funding amount	20,000
1st FY	20,000
2nd FY	0
3rd FY	0

Type of grant action: UAF PT III supp.

Funding source: Add.

Other funds: None.

Coordination with P&A: No. Coordination with DD Council: Yes.

Grantee: University of Iowa, University Hospital School, Iowa City, IA 52242.

Principle investigator: Alfred Healy, M.D.—Phone: Unknown.

Contract person: Dennis C. Harper—Phone: 319/353-3861.

Title: Primary Screening for Dementia and Depression in Elderly (55+) DD Adults.

Project Summary: This proposal presents a preliminary investigation of a screening device of cognitive decline and depressive symptomotolgy, a symptomotology which oftens mimics cognitive deterioration in elderly developmentally disabled persons. The assessment strategies developed as a part of this research are presented in order to make available to service providers diagnostic strategies for differentiating decline associated with "dementia" and decline associated with an identifiable and often treatable mental illness, depression. This proposal extends previous research conducted by the present authors and reported in the literature by making available to direct service providers a screening device developed from previously tested instruments. The need to begin the development of mental health screening instruments has been a repeated message in regional, national, and international journals. Furthermore, this proposal addresses a priority need identified by the Office of Human Development. Specifically, funding of this proposal will allow service providers to better identify, define, and describe members of the older developmentally disabled population which they serve, to better enable mentally retarded elderly persons to utilize appropriate community resources to maintain and improve their mental health.

Keywords: Elderly/Mentally Retarded/Depression/Screening/Data Base.

Products: Quarterly progress reports and final project report will be submitted as required.

A preliminary data base for service providers describing aging moderately mentally retarded individuals on the basis of the type and degree of depression and dementia symptomology.

A brief training and instruction package which will be made available through national dissemination/publications and 4 inservice regional workshops for service providers.

Grant: 07DD0261.

CDP No: N/A.

Priority area: III-C.

Project period from 86/07/01 to 87/06/30, budget period from 86/07/01 to 87/06/30

Total funding amount	20,000
1st FY	20,000
2nd FY	0
3rd FY	0

Type of grant action: UAF PT. III Supp.

Funding source: Add.

Other funds: None.

Coordination with P&A: No. Coordination with DD Council: Yes.

Grantee: Curators of University of Missouri, 5100 Rockhill Road, Kansas City, MO 64110.

Principle investigator: Carl F. Calkins—Phone: Same as below.

Contract person: Same—Phone: 816/474-7770.

Title: Stimulating Interagency Interaction and Planning for Older Persons with DD.

Project summary: The general goal of this project is to facilitate interagency planning directed toward community integration of older persons with developmental disabilities. The targeted agencies include Missouri's Mental Retardation/Development Disabilities (MR/DD) Unit, Developmental Disabilities Planning Council (DDPC), Division of Aging and Council on Aging. To accomplish this goal, three project objectives must be met. Those objectives are to: (1) Develop orientation and awareness materials which address both the needs and characteristics of older disabled persons, and how those characteristics relate to the use of generic services; (2) conduct a series of meetings between the State planning personnel within the "aging" network and the MR/DD system for the purpose of identifying common interagency goals regarding the older developmentally disabled population; and (3) develop a planning report that summarizes common goals and directions.

Keywords: Elderly/Interagency Planning/Community Integration/Awareness.

Products: Quarterly progress reports and final project report will be submitted as required.

An Orientation and Awareness package will be developed as a basis for a series of planning meetings.

Grant: 07DD0263.

CDP No: N/A.

Priority area: III-C.

Project period from 86/07/01 to 87/06/30, budget period from 86/07/01 to 87/06/30

Total funding amount	19,703
1st FY	19,703
2nd FY	0
3rd FY	0

Type of Grant Action: UAF Pt, III Supp.

Funding source: Add.

Other funds: None.

Coordination with P&A: No. Coordination with DD Council: Yes.

Grantee: University of Nebraska, 42nd and Dewey Avenue, Omaha, NE 68105.

Principle investigator: Dr. Michael Leibowitz—Phone: 402 559-6430.

Contact person: Same—Phone: Same.

Title: University of Nebraska UAF Administrative Support.

Project summary: The Meyer Children's Rehabilitation Institute (MCRI) in collaboration with key Nebraska agencies and profession groups, proposes to implement a Statewide Manpower survey in order to address the cure knowledge needs of UAF students and the continuing education needs of service providers in the emerging field of geriactric care for the developmentally disabled. This proposal is a response to a constellation of national, regional, and local concerns related to the steady growth of a geriatric cohort among the developmentally disabled paralelling the growth of the elderly population in the society at-large. The project will build upon previous work conducted nationally, regionally, and locally, and will capitalize on MCRI's training expertise in the field of developmental disabilities. The seminal statewide planning project undertaken in 1983 by the New York State Office of Mental Retardation and Developmental Disabilities will provide organizational guidelines for the interface among relevant individuals representing State agencies, provider and community groups, and academic institutions. Previous manpower survey models, piloted by the University of Washington (Seattle) University affiliated program (UAF, 1981) will be reviewed and incorporated into the analysis of Nebraska educational needs for geriatric professionals in the field of developmental disabilities.

Keywords: Elderly / Manpower Survey Model / Education / Interdisciplinary / Training.

Products: Quarterly progress reports and final project report will be submitted as required.

An analysis of and policy guidelines for manpower education in the field of geriatric developmental disabilities.

A medical education program for fellows, residents, and medical students.

A core curriculum detailing interdisciplinary didactic and clinical educational experiences for all UAF students.

A plan for identifying and fulfilling the continuing education needs of practicing professionals.

Grant: 07DD0264.
CDP No: N/A.
Priority area: III-C.

Project period from 86/07/01 to 89/09/30, budget period from 86/07/01 to 87/06/30

Total funding amount	20,000
1st FY	20,000
2nd FY	0
3rd FY	0

Type of grant action: UAF Pt. III supp.
Funding source: add.
Other funds: None.
Coordination with P&A: No. Coordination with DD Council: Yes.
Grantee: Indiana University Foundation, 355 Lansing Street, Indianapolis, IN 46202.
Principle investigator: Ernest Smith, M.D.—Phone: Unknown.
Contact person: Henry J. Schroeder—Phone: 335-6508.
Title: Aging and Developmental Disabilities: Develop a Task Force on Aging and DD.

Project summary: This project proposes to develop a new initiative in planning and research for the aged developmentally disabled population. The project will develop a mechanism for state level interagency collaboration—an Interagency Task Force on Aging and Developmental Disabilities. The task force will identify, assess and develop planning strategies to meet the needs of this population group. The primary impetus for the project is research and planning directed at the development of a statewide system for assessing and planning for meeting the needs of the growing population of aged DD Indiana citizenry. As a research and planning project, Indiana is fortunate to be able to draw upon the models and experiences of several other States. For example, New York has examined a number of issues related to aging and developmental disabilities. The methodology which has been developed as part of New York's massive survey activity further has been adapted and applied in various other locales. The project will systematically review, adapt and apply methods and procedures used in other studies of the characteristics, demographics, functional capabilities, physical status and service needs of older persons (+60) with DD with particular interest given to the New York instrumentation. The replication of instruments, procedures and results will add to the body of information about the measurement of needs of this population group. Documentation of the process of selection and modification of instrumentation and procedures will be helpful to other States. The outcome results of replication study will be used in a META analysis of the research on this group. The META analysis results will be summarized in a paper for journal publication.

Keywords: Elderly/Interagency Collaboration/Research/Model/Aging.
Products: Quarterly progress reports and final project report will be submitted as required.

A model sourcebook and training guide in the area of gerontology and developmental disability
Grant: 07DD0266.
CDP No: N/A.
Priority area: III-C.

Project period from 86/06/30 to 88/06/29; budget period from 86/06/30 to 87/06/29

Total funding amount	20,000
1st FY	20,000
2nd FY	0
3rd FY	0

Type of grant action: UAF Pt. III supp.
Funding source: ADD.
Other funds: None.
Coordination with P&A: Yes. Coordination with DD Council: Yes.
Grantee: East Arkansas Area Agency on Aging, P.O. Box 5035, Jonesboro, AR 72401.
Principle investigator: Sandy Auburn—Phone: Same as below.
Contact person: Same—Phone: 501 972-5980.

Title: Life Care Planning for Rural Elderly Parents of DD Children.

Project summary: This project plans to develop and implement life care planning options for parents aged 60 and older with adult developmentally disabled dependents. The East Arkansas Area Agency on Aging and Focus, Inc. (serving the disabled), will jointly identify target families and conduct assessments yielding parents' present level of planning and identifying un-met needs for life care planning for dependents. This project will offer options for developing life care plans from the materials and services provided by a volunteer financial and legal group. (Jointly funded by AOA.)

Keywords: Life Care Planning/Rural/Community-Based/Elderly/Parents/Dependents.

Products: Quarterly progress reports and final project report will be submitted as required.

Direct life care planning services for 100–125 families in rural eastern Arkansas.

Creation of a data bank to include an annotated list of local/area/regional resources and other life care planning information which is unknown anywhere.

Nationwide dissemination of project results and data and life care planning materials.

Grant: 90AJ2004.

CDP No: 7621.

Priority area: 1.01A.

Project period from 85/06/28 to 88/06/27; budget period from 86/06/28 to 87/06/27

Total funding amount	170,000
1st FY	85,000
2nd FY	85,000
3rd FY	0

Type of grant action: CDP.

Funding source: AOA.

Other funds: ADD.

Coordination with P&A: N/A. Coordination with DD Council: N/A.

Grantee: University of Missouri, Curator, 5100 Rockhill Road, Kansas City, MO 64110.

Principle investigator: Dr. Carl F. Calkins—Phone: Unknown.

Contact person: Phyllis Kultgen—Phone: 816 474-7770.

Title: Dissemination of a Composite Approach to the Service Needs of DD Elderly.

Project summary: The objective of this proposal is to disseminate materials and procedures developed through a prior grant to enable age-relevant planning for elderly persons with developmental disabilities, and to increase the involvement of these persons with non-handicapped peers. Two models are proposed: (1) the "intensive training model": three sites have been identified in which training and assistance will be provided to State staff to enable them to implement these goals with the assistance of a networking specialist; and (2) the "train the trainers model": Statewide workshops will introduce the training material and procedures to a wide audience. (Jointly funded by AOA.)

Keywords: Elderly/Volunteers/Generic Services/Social Support Network/Training.

Products: Quarterly progress reports and final project report will be submitted as required.

The training manual for aging specialists should be useful in training on gerontological issues to individuals who are responsible for the direct care of older clients.

The training manual for older volunteers should be useful to Area Agencies on Aging to instruct their staff on issues regarding DD persons who are, or could be, recipients for their services.

The friendship pairs in action slide show and guide strategies for successful access to senior centers should be useful to other agencies replicating this endeavor.

Grant: 90AJ2011.

CDP No: 1794.

Priority area: 9.1A.

Project period from 86/09/01 to 87/08/31; budget period from 86/09/01 to 87/08/31

Total funding amount	87,611
1st FY	87,611
2nd FY	0
3rd FY	0

Type of grant action: CDP.
Funding source: AOA.
Other funds: ADD.
Coordination with P&A: N/A. Coordination with DD Council: N/A.
Grantee: Univ. of Nebraska Medical Center, 42nd and Dewey, Omaha, NE 68105.
Principle investigator: Dr. Jack A. Stark—Phone: Same as below.
Contact person: Same—Phone: 402 559-5033.
Title: Effective and Efficient Comm. Services for the Most Challenging to Serve.

Project summary: The major objective of this proposal is to focus on the analysis and demonstration of effective and efficient community living arrangements for severely developmentally disabled citizens—the medically fragile, the mentally ill and elderly. Ten to fifteen leaders from across the nation will receive intensive practicum training in the development and implementation of integrative living arrangements for these persons with special needs. Another 800 to 1,500 parent and professional leaders from across the Nation will participate in a series of regional conferences. It is expected that all trainees will develop action plans suitable for their communities so that community living arrangements for the most challenging to serve will be developed or expanded across the country.

Keywords: Physically Mentally Disabled/Deinstitutionalization/Aging/Elderly Training of Trainers/Films.

Products: Quarterly progress reports and final project report will be submitted as required.

Three educational videotapes on community living arrangements for persons with these needs with a leader's handbook for tape.

A National Volunteer Advisory Committee which will assist in the identification of national leaders and the design of all project products.

Grant: 90DD0109.
CDP No: 6062.
Priority area: 1.01B.

Project period from 85/09/01 to 88/08/31; budget period from 86/09/01 to 87/11/30

Total funding amount	250,000
1st FY	125,000
2nd FY	125,000
3rd FY	0

Type of grant action: CDP.
Funding source: ADD.
Other funds: None.
Coordination with P&A: N/A. Coordination with DD Council: N/A.
Grantee: American Bar Association, F.P.E., 750 North Lake Shore Drive, Chicago, IL 60611.
Principle investigator: John Parry/Nancy Coleman—Phone: Same as below.
Contact person: John Parry—Phone: 202 331-2240.
Title: Life Service Plans for the Elderly and DD—Nat. and Local Self-Help Models.

Project summary: Under this grant, the ABA's Commission on the Mentally Disabled and Legal Problems of the Elderly in conjunction with two local consumer agencies, will establish a program to help elderly and developmentally disabled persons prepare life service plans. They will first prepare a training packet that explains financial and estate planning, as well as alternative supervisory arrangement available to support clients in the community, and then, train 20 volunteers in one model community to help clients develop life service plans. (Jointly funded by AOA and OPPL.)

Keywords: Life Service Plans / Elderly / Estate Planning / Financial Planning Guardianship / Volunteers.

Products: Quarterly progress reports and final project report will be submitted as required.

Training materials to describe in lay terms, how to use financial and estate planning tools and alternative supervisory arrangements to support clients in the community.

A demonstration model in Northern Virginia in which 20 volunteer advisors will be trained and will assist clients and their families in designing and carrying out life service plans.

A handbook that includes a description and evaluation of the local demonstration model and information from the social science and legal literature and similar programs elsewhere that can be used by other communities to replicate the model.

Grant: 90DJ1035.
CDP No: 6007.
Priority area: 1.01A.

Project period from 85/07/01 to 87/12/31; budget period from 86/07/01 to 87/12/31

Total funding amount	378,756
1st FY	190,278
2nd FY	160,278
3rd FY	28,200

Type of grant action: CDP.
Funding source: OPPL.
Other funds: AOA, ADD.
Coordination with P&A: N/A. Coordination with DD Council: N/A.
Comments: The $28,200 for the 3rd fiscal year is a no-cost extension for the 2nd fiscal year.

OFFICE OF HUMAN DEVELOPMENT SERVICES: TITLE XX SOCIAL SERVICES BLOCK GRANT PROGRAM

The major source of Federal funding for social services programs in the States is title XX of the Social Security Act, the social services block grant (SSBG) program. The Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35) amended title XX to establish the SSBG program under which formula grants are made directly to the 50 States, the District of Columbia, and the eligible jurisdictions (Puerto Rico, Guam, Virgin Islands, and the Commonwealth of the Northern Mariana Islands) for use in funding a variety of social services best suited to the needs of individuals and families residing within the States. Public Law 97-35 also permits States to transfer up to 10 percent of their block grant funds to other block grant programs for support of health services, health promotion, and disease prevention activities, and low-income home energy assistance.

Under the SSBG, Federal funds are available without a matching requirement. In fiscal year 1987, a total of $2.7 billion was allotted to States. Within the specific limitations in the law, each State has the flexibility to determine what services will be provided, who is eligible to receive services, and how funds are distributed among the various services within the State. State and/or local title XX agencies (i.e., county, city, regional offices) may provide these services directly or purchase them from qualified agencies and individuals. Title XX was amended in 1987 to limit the use of SSBG funds: Except in emergency circumstances, no SSBG funds may be paid to an individual or entity convicted of a crime under the Medicare or any State health care program (i.e., the Medicaid, maternal and child health, or social services block grant programs).

A variety of social services directed at assisting aged persons to obtain or maintain a maximum level of self-care and independence may be provided under the SSBG. Such services include, but are not limited to: Adult day care, adult foster care, protective services, health-related services, homemaker services, chore services, housing and home maintenance services, transportation, preparation and delivery of meals, senior centers, and other services that assist elderly persons to remain in their own homes or in community living situations. Services may also be offered which facilitate admission for institutional care when other forms of care are not appropriate.

Under the SSBG, States are not required to submit data that indicate the number of elderly recipients or the amount of expenditures provided to support specific services for the elderly. States are required, prior to the expenditure of funds under the SSBG, to prepare a report on the intended use of the funds including information on the type of activities to be supported and the categories or characteristics of individuals to be served. States are also required to prepare a report on their activities at least every 2 years. The reports are in the form and contain such information as the State finds necessary to provide an accurate description of its activities, to record the purposes for which funds were spent, and to determine the extent to which funds were spent in a manner consistent with their plans.

Based on an analysis of pre-expenditure reports submitted by the States for fiscal year 1986, the list below indicates the number of States providing certain types of services to the aged under the SSBG.

Services	*Number of States* [1]
Home-based services [2]	55
Adult protective and emergency services	46
Disabled services	41
Health related services	36
Information and referral	34
Transportation services	33
Adult day care	31
Home delivery/congregate meals	28
Adult poster care	18
Housing services	18

[1] Includes 50 States, the District of Columbia, and the four eligible territories and insular areas.

[2] Includes homemaker, chore, home health, companionship, and home maintenance services.

In enabling the elderly to maintain independent living, all States provide Home-Based Services which frequently includes homemaker services, companion and/or chore services. Homemaker services may include food preparation, light housekeeping, and personal laundry. Companion services can provide personal aid to, and/or supervision of, aged persons who are unable to care for themselves without assistance. Chore services frequently involve performing home maintenance tasks and heavy housecleaning and food shopping for the aged person who cannot perform these tasks.

As reflected above, 46 States currently provide Adult Protective and Emergency Services to persons generally 60 years of age and over. These services may consist of the identification, receipt, and investigation of complaints, and reports of adult abuse. In addition, this service may involve providing counseling and assistance to stabilize a living arrangement. If appropriate, Adult Protective and Emergency Services may also include the provision of, or arranging for, home based care, day care, meal service, legal assistance, and other activities to protect the elderly.

OFFICE OF HUMAN DEVELOPMENT SERVICES: ADMINISTRATION ON AGING

Report for Fiscal Year 1987

INTRODUCTION

This report describes the major activities of the Administration on Aging (AoA) in fiscal year 1987. Title II of the Older Americans Act of 1965 (the Act) established the Administration on Aging as the principal Federal agency for carrying out the provisions of the Act. The Older Americans Act seeks to remove barriers to economic and personal independence for older persons and assure the availability of appropriate services for those older persons in the greatest social or economic need. The provisions of the Act are implemented primarily through a national "network on aging" consisting of the Administration on Aging at the Federal level, State and Area Agencies on Aging, established under Title III of the Act, and the agencies and organizations providing direct services at the community level. In fiscal year 1987, Congress appropriated $725,900,000 to support programs and activities to implement the provisions of the Act, which are administered by AoA. This excludes $200,000 available for the Federal Council on Aging under the Older Americans Act appropriation. (See Appendix I for a summary of AoA's budget for fiscal year 1987.)

This report is divided into five sections. Section I describes AoA's roles and functions. It highlights various activities undertaken by AoA, in partnership with other Federal agencies and private organizations, to launch new national initiatives and foster the coordination of Federal programs related to older persons. Section II provides an overview of the provisions of Title III of the Older Americans Act. It summarizes the principal activities of the network of State and Area Agencies on Aging in fiscal year 1987. Section III describes the Title VI program of grants to Indian tribal organizations. Section IV presents a summary of AoA's fiscal year 1987 discretionary activities under Title IV, and a description of the fiscal year 1987 special activities and initiatives conducted by AoA designed to improve the capacity of State and local governments to provide quality long-term care for older persons. Section V describes AoA's evaluation activities conducted during fiscal year 1987. The report is followed by a series of Appendices which include additional information on the subjects covered in the body of this report.

SECTION I. THE ADMINISTRATION ON AGING

ROLE AND FUNCTION OF AOA

The Administration on Aging (AoA) is located in the Office of Human Development Services (OHDS), Department of Health and Human Services. AoA programs are administered through a Central Office located in Washington, DC and 10 Regional Offices. Title II of the Older Americans Act, as amended, describes the basic roles and functions of AoA. Chief among these are to administer the programs authorized by Congress under Titles III, IV, and VI of the Act and to serve as an effective and visible advocate for older persons within the Department and with other agencies and organizations at the national level.

The AoA Regional Offices provide guidance and assistance to the State Agencies on Aging funded under Title II. They assist Governors and other State officials with planning and program implementation, approve Title III State plans and monitor the collection of Title III performance data. Regional Offices also administer selected discretionary grants, including some model projects and training grants authorized under Title IV.

AoA provides advice, assistance and consultation to the Assistant Secretary for Human Development Services, the Secretary of Health and Human Services, other Federal agencies and to Congress on the characteristics, circumstances, and needs of older persons. The Agency also reviews and comments on departmental policies and regulations concerning services which affect the health and general well-being of older persons.

During fiscal year 1987, the Administration on Aging continues its aggressive efforts to assist vulnerable older persons and their families in finding appropriate help to maintain their independence within their own communities and to delay or prevent unnecessary institutionalization. AoA believes that these efforts can best be achieved by providing State and Area Agencies on Aging with the flexibility that will allow them to strengthen existing local systems to make them more visible, easily accessible, and responsive to the needs of older Americans, particularly the most vulnerable.

AoA continues to work with State and Area Agencies on Aging in developing ways in which all of those involved, i.e., public, private, voluntary, and religious organizations, as well as, dedicated individuals can work together effectively in developing comprehensive and responsive community systems dedicated to maintaining the independence of older Americans.

These efforts will focus on strengthening the roles of State and Area Agencies on Aging—as catalysts, information and referral centers, and as brokers of services—to help enhance, not replace, individual self-sufficiency, family care-giving, and other traditional forms of community support. The building and strenthening of coordinated community services systems for older persons and their families is the overall goal of these efforts undertaken by AoA during fiscal year 1987.

In order for this to occur, communities must take positive action to build integrated and responsive systems of care. The Area Agency on Aging is the key organization that must forge linkages between existing systems of services within each community. AoA is working with State and Area Agencies on Aging to strengthen efforts that will build a system of services providing a continuum of care for older persons within each American community. Each system must, in turn, be tailored to meet the speical needs and circumstances of individual communities.

Among the activities undertaken during the past year to help stimulate systems development, AoA is marketing a community checklist developed last year that can be used by leaders and citizens of every community in the Nation to assess their local systems and determine if current systems building and improvement efforts at the local level are being responsive to the needs of older people. The checklist can be a useful tool to the community in heighening its awareness of community responsibility in meeting the special needs of the elderly and to the necessity of forging systems of care that are appropriate to an individual older person's needs, capacities, and resources.

A major responsibility of the Administration on Aging is to provide leadership to other Federal agencies and the national network on aging relative to their efforts on behalf of older persons. Toward this end, AoA has developed and implemented a variety of speical initiatives aimed at improving the quality of life for older persons. Examples of special initiatives undertaken during fiscal year 1987 are described below.

NATIONAL HEALTH PROMOTION INITIATIVE

The National Health Promotion Initiative for Older Persons is a joint activity sponsored by AoA and the Public Health Service (PHS). Officially launched during Older Americans Month of 1984 with the signing of a Memorandum of Understanding between AoA and PHS, the initiative is designed to improve the health status of older persons and improve the quality of life in their later years.

The program has three major goals: (1) Maximizing the opportunities for older persons to live independently through improvement of their health status; (2) focusing attention on health promotion and disease prevention; better nutrition; improved physical fitness; smoking cessation; mental health; dental health; adult immunization; prevention of fire and smoke related injuries, and driver and pedestrian safety; and (3) curtailing health expenditures caused by preventable conditions. Specific activities conducted during fiscal year 1987 to attain these goals are discussed below.

Since the inception of the National Health Promotion Initiative, States and localities throughout the United States and the territories have been carrying out numerous health promotion activities for older persons. In recognition of the importance, volume, and quality of these many endeavors, the Surgeon General and the Commissioner on Aging launched an awards program in 1986 for outstanding contributions in supporting this national initiative. The awards will be conferred again to one State in each AoA Regional for outstanding accomplishments during 1987.

As part of the Secretary's Initiative on Indian Alcoholism, AoA implemented an interagency agreement with the Administration for Native Americans and the Indian Health Service. The purpose of this agreement is to reduce Indian alcoholism through the development and dissemination of technical assistance materials and the encouragement of alcoholism prevention and treatment programs.

AoA also worked with the PHS to plan a workshop to be held in March 1988, for nationally recognized health professional leaders. The purpose of the workshop is to provide the health professional community with tangible recommendations and proposals for future activities in the topical areas of medications, alcohol, dental health, preventive health services, mental health, and the personal lifestyle areas which include nutrition; physical fitness and exercise; smoking cessation; and injury prevention.

AoA supported the development and distribution of the health promotion calendar for older persons for both 1986 and 1987. The calendars were printed with support from the Campbell's Life and Fitness Institute and the Johnson and Johnson Foundation. The calendars have been distributed nationwide through the network of State and Area Agencies on Aging and other networks involving older people.

AoA collaborated with the National Council on Patient Information and Education (NCPIE), a nonprofit organization of 240 member organizations concerned with patient education issues, to launch a nationwide media campaign to promote safe and effective use of prescription medicines by older persons. Through the network of State and Area Agencies on Aging, AoA distributed 60,000 copies of the NCPIE newsletter on prescription medicines.

Many health promotion technical assistance materials have been prepared and widely distributed in conjunction with the National Health Promotion Initiative. In fiscal year 1987 nine publications specifically targeted toward assisting local agencies and service providers to develop and implement health promotion programs at the local level were prepared. There were 5,000 to 10,000 copies of each of these publications distributed nationwide. These materials include guides on how to mobilize health promotion coalitions, a bibliography on health promotion for older people, descriptions of over 50 exemplary health promotion programs, and resource guides to health promotion and nutrition, physical fitness, drug management and injury prevention and control.

The *Federal Register* announcement for OHDS's fiscal year 1987 Coordinated Discretionary Funds Program, published in September 1986, requested applications on health promotion. Three specific topics were included: mental health; dental health; and pedestrian and motor vehicle safety. The awards are described in Section IV of this report.

ALZHEIMER'S DISEASE INITIATIVE

Under its multiyear Alzheimer's disease initiative, AoA has supported a substantial number of research and demonstration projects designed to develop and strengthen family- and community-based care for Alzheimer's disease victims. AoA also has joined with other Federal agencies in coordinating our current and planned discretionary program efforts aimed at meeting the supportive service needs of Alzheimer's disease patients and their families.

Since many State Agencies on Aging identify Alzheimer's disease as a growing concern, which requires them to take the lead in providing technical support and expert training for organizations serving victims of this disease, AoA funded five collaborative capacity-building efforts between State Agencies on Aging, academic institutions, and other organizations with the requisite expertise in the field of Alzheimer's disease.

In addition, AoA has entered into a private-public partnership with the Robert Wood Johnson Foundation and the Alzheimer's Disease and Related Disorders Association (ADRDA) to support, beginning in fiscal year 1988, a number of model projects to provide day programs and other respite and health-related services needed by persons with dementia and their caregivers.

In addition to the new awards discussed above, AoA provided continuation awards to four multiyear projects. These projects demonstrate model approaches in areas such as respite care, family support, and the training of caregivers. Examples of products are: A model continuum of care which integrates social and medical services, provides early intervention, and individualized needs assessment, and coordinates formal and informal supports to strengthen the caregivers and delay institutionalization; and a model recruitment and training program for homecare respite workers which draws on the combined resources of local ADRDA units, Area Agencies, and service providers.

CAREGIVER INITIATIVE

As part of AoA's strategy to target services to the vulnerable elderly, the Agency last year launched an initiative to improve the capacity of caregivers who provide critical assistance to functionally impaired older persons. This initiative is based on the recognition that growing numbers of vulnerable older persons in this country are cared for in their homes by family, friends, and neighbors, and that these caregivers often have insufficient information, training, and support to perform their roles in a fully effective manner.

In fiscal year 1987 there were 31 active research and demonstration projects whose concerted purpose was to develop effective ways of informing, educating, and assisting families, friends, and neighbors in providing care to older persons. A wide array of statewide and areawide media campaigns have been launched through these projects. The nationally replicable model activities that are being developed include:

—a caregivers' resource and training center;
—a toll-free telephone caregivers hot-line;
—videotapes and classroom curricula on legal/financial planning and peer counseling;
—a rural-based program for the teaching of caregiver skills by community volunteer trainers; and
—employer-based support programs for workers with dependent older relatives.

EMPLOYER CAREGIVER INITIATIVE

AoA has developed an initiative to encourage corporations to support programs and policies which assist their employees with their responsibilities in caring for older family members. Under an AoA grant, the University of Bridgeport worked to address these issues with four corporations—Peoples' Bank, Pitney Bowes, Pepsico, and Remington Products. A survey of employees was conducted and some programs were established to assist employee caregivers, e.g., support groups, information and referral, flexible leave, and development of a resource handbook. Also, in June 1987, AoA and the Conference Board Co-sponsored with the University of Bridgeport a major conference on employee caregiving—its impact on work and family and the role of corporations in providing caregiving benefits. Approximately 250 persons attended including representatives from almost 80 corporations.

A project funded by AoA this year with the Washington Business Group on Health, a national membership organization representing approximately 200 local business and health coalitions, will establish model partnerships to promote policies and programs to meet the needs of employed caregivers and their adult dependents. It is anticipated that these partnerships will encourage the business community to see the problems and opportunities represented by America's older population and to sponsor their own initiatives in aging. At the same time, the project will result in models and other training tools for stimulating State and Area Agency on Aging participation in new initiatives with the business community.

OLDER AMERICANS MONTH CELEBRATION

The 1987 Older Americans Month celebration had "Make Your Community Work for Older People" as its theme. During May, State and Area Agencies on Aging across the Nation held numerous celebrations and activities honoring older Americans. They also increased their efforts with local groups to ensure that every community has a responsive system of services that meets the needs of older people and their families.

At the national level, activities included an Older Americans Month Proclamation by the President, nationwide distribution of a poster using the theme, and issuance of a media kit that included fact sheets and articles on ways that various community, religious, educational, and business groups, as well as concerned individuals and families can help to build responsive systems of community services.

AoA also prepared a special edition of *Human Development News* for Older Americans Month. This edition contained articles written by or about local elected officials. The edition focused on the effective interaction of such officials with their Area Agencies on Aging in furthering the development of comprehensive, coordinated, and responsive systems of community services for older people and their families. In addition to distributing copies to the State and Area Agencies on aging, copies were sent to about 37,000 local elected officials across the country.

COMMUNITY ACHIEVEMENT AWARD INITIATIVE

In an effort to further stimulate systems building at the local level, the Administration on Aging undertook a national initiative to identify and recognize communities which are examples of community-based systems development. Grants of $30,000 each were awarded to state Agencies on aging to conduct follow-up activities which include the printing of a brochure and case studies about the communities, and participation in a national recognition ceremony to be held in Washington, DC in May 1988.

The following communities are being recognized under this initiative: (1) Clinton, NY; (2) Natchez, MI; (3) McClellanville, SC; (4) Cranston, RI; (5) Ward Three in Washington, DC.; (6) West Union, WV; (7) Hamilton County, TN; (8) Lee County, FL; (9) Walton County, GA; (10) Atkin County, MN; (11) Stephenson County, IL; (12) Lake Oswego, OR; and (13) Nampa, ID.

SECTION II. TITLE III SUPPORTIVE AND NUTRITION SERVICES

Under Title III of the Older Americans Act, the Administration on Aging provides financial assistance to the States to develop greater capacity and foster the development of comprehensive and coordinated service systems to serve older individuals, to "(1) secure and maintain maximum independence and dignity in a home environment for older individuals capable of self care with appropriate supportive services; (2) remove individual and social barriers to economic and personal independence for older individuals; and (3) provide a continuum of care for the vulnerable elderly" (Section 301(a) of the Older Americans Act).

The law requires the designation of an agency within each State to be specifically responsible for carrying out the purposes of the Act. The State Agency on Aging (SAA) is required to subdivide the State into Planning and Service Areas (PSA) and to designate for each PSA an Area Agency on Aging (AAA). Because of their small geographic areas or population size, 15 States/Territories have designated their entire geographic area as a single PSA with the State Agency performing the Area Agency functions. Funds are made available to the States upon approval of State plans by AoA Regional Offices. States then allocate funds to Area Agencies based upon approved area plans. Funds provided to Area Agencies are used for the administration and support of a wide range of community-based supportive and nutrition services authorized under Parts B and C of Title III of the Act.

The Title III activities conducted in the States during fiscal year 1987 were based upon State plans ranging in duration from 2 to 4 years. The 1984 Amendments to the Older Americans Act (Public Law 98-459) eliminated the separate allotment for Part A (State Administration), and provided States with the option of using a portion of the funds allotted under Parts B and C of Title III to support State Agency administrative and advocacy activities. Therefore, in fiscal year 1987, three separate allocations were made to States for: (a) Supportive services and senior center operations; (b) congregate nutrition services; and (c) home-delivered meals. (See Appendix II for State allotments under Title III in fiscal year 1987.)

Under the Older Americans Act, the State Agencies on Aging have the authority to transfer limited amounts of funds among the three Title III allotments in order to better reflect their local needs and priorities. In fiscal year 1987 the net transfers were as follows:

	Net transfers	Percent change
Title III–B (supportive services)	+$19,106,543	[1] +7.1
Title III–C–1 (congregate nutrition services)	−48,783,646	[1] −14.0
Title III–C–2 (home-delivered meals)	+29,677,103	[1] +39.3

[1] Transfer as percent of original allotment.

As reflected in the figures above, States have made considerable use of the flexibility permitted them under the law. Based on their assessments of need and local priorities, States elected to transfer approximately $48.7 million out of their congregate nutrition programs in order to increase their levels of investment in supportive services and home-delivered nutrition services. Allotment figures for these programs cited later in this section reflect these transfers. (See Appendix III for State allotments after transfer under Title III in fiscal year 1987.)

The States make awards to the Area Agencies on Aging, based upon their approved area plans, to pay up to 85 percent of the costs of supportive services, senior centers, and nutrition services. In most cases. Area Agencies on aging then arrange with both nonprofit and proprietary service providers to deliver nutrition and other services described in the area plan.

At the State and local levels, the State and Area agencies on aging are charged with performing roles of advocacy and coordination similar to the responsibilities of AoA at the national level. They review and comment on State and community policies, programs and issues; provide testimony at public hearings; publish reports; coordinate and provide technical assistance to other public and private agencies and organizations; and leverage resources from Federal, State, and local programs, as well as private charitable and business resources.

As already indicated, the general purpose of the Title III program is to develop greater capacity at the State and local levels and foster the development of comprehensive and coordinate service systems to serve older persons. The Title III program has evolved from a relatively simple program of over 1,500 community service projects for older persons administered by 57 State Agencies on Aging into a complex and highly differentiated "national network on aging" currently consisting of 57 State Agencies and 670 Area Agencies on Aging and more than 25,000 local nutrition and supportive service providers. These nutrition and supportive service providers are local public, private, or voluntary organizations which deliver the direct services to older persons in their communities. Not only do the State and area Agencies on Aging use Title III moneys to provide services, they also are instrumental in leveraging other public and private moneys (for example, other State and local funds, private foundation contributions, and other Federal funds) in supporting the needs of older persons.

PARTICIPANT CONTRIBUTIONS INITIATIVE

Another initiative is intended to increase voluntary contributions from program participants. Title III regulations (45 C.F.R. Part 1312) require that each service provider must "provide each older person [receiving services] with a full and free opportunity to contribute toward the cost of the service." Although AoA emphasizes through the aging network that this is not a fee and that contributions are entirely voluntary, these contributions have been steadily increasing, as follows:

Fiscal year:	*Million*
1981	$79.0
1982	100.8
1983	116.7
1984	131.7
1985	140.1
1986	153.9
1987 (estimate)	162.0

TECHNICAL INFORMATION INITIATIVE

During fiscal year 1987 AoA continued the publication of *Aging Program Notes,* which contains descriptions of successful efforts by State and Area Agencies on

Aging in developing responsive systems of opportunities and services for older persons. The systematic sharing of this information among members of the national network on aging has enhanced their capacity to develop comprehensive systems of community-based services.

AGING NETWORK VISIBILITY INITIATIVE

Building on previous activities to assure that responsive community-based systems of services are readily accessible to all older persons. AoA completed two tasks which will bring about greater visibility of State and Area Agencies on Aging. AoA prepared an information brochure, *Make Your Community Work for Older People,* which identifies important check points by which communities can assess themselves for responsiveness to the needs of their older people.

In addition, AoA undertook a public education strategy to have public and private sector businesses and organizations print and distribute a generic booklet, *Where To Turn For Help For Older Persons.* This booklet is aimed at linking middle-aged caregivers to resources and help for their older loved ones who live near by or across the country. It answers some of the most frequently asked questions about finances, health, legal, and community services for the elderly. Approximately 200,000 copies have been distributed across the Nation.

COMMUNITY HEALTH CENTER INITIATIVE

Through this initiative, AoA in collaboration with the Department's Health Resources and Services Administration (HRSA) hopes to achieve greater access to and participation in the primary care services of the Community and Migrant Health Centers (C/MHC's) as well as increased targeting of supportive services by AAA's. Such collaboration should impact significantly in meeting the health care an supportive needs of the elderly in those communities in which C/MHC's are located.

The initiative is being conducted in two phases. During Phase 1, 10 State level seminars were held in each Region. Phase II consists of collaboratively implementing the state specific plans of activities and strategies developed at the seminars by the State agencies on aging, the State primary care associations, and, when represented, the State health departments.

AMERICAN ASSOCIATION OF RETIRED PERSONS (AARP) INITIATIVE

AoA and the American Association of Retired Persons, expanding a longstanding and productive relationship, worked together to develop collaborative efforts that emphasize State and local initiatives. Joint activities included: (1) Sponsoring programs on caregiving, health promotion medication, and alcoholism; (2) conducting training seminars; and (3) information sharing on a variety of issues that face older persons today and in the future.

STATE AGENCIES ON AGING

Fifty-seven States and other jurisdictions receive support under Title III of the Act. The 1981 Amendments to the Act provided greater flexibility to State Agencies on Aging by permitting them to elect durations of 2, 3, or 4 years for State and area plans. Beginning on October 1, 1985 (fiscal year 1986), 23 States of Territories (40 percent) operated on a 2-year cycle; 26 (45 percent) operated on a 3-year cycle; and 8 (14 percent) operated on a 4-year cycle. State Agencies on Aging are organizationally located in State governments either as independent agencies reporting directly to the Governor or as components of larger human services agencies. In fiscal year 1987, there were 2,011 persons on the staffs of State Agencies on Aging.

State Agencies on Aging used Title III–B (Supportive Services) funds and funds from other sources to establish and maintain long-term care ombudsman programs at the State and sub-State levels. Through their ombudsman programs, States have addressed such issues as nursing home regulations, abuse of residents' personal funds, and restrictions on access to nursing homes. During fiscal year 1987, complaint statistics and program data for the fiscal year 1986 reported period were analyzed. Some highlights of these data are as follows:

—The number of sub-State ombudsman programs reported by States continues to increase. During fiscal year 1986, the most recent period for which data are available, there was an addition of 12 local or regional ombudsman programs, increasing the nationwide total to 744 in fiscal year 1986.

—Total funding for State and local ombudsman programs in fiscal year 1986 was about $19.1 million. In addition to Title III–B funds, State and local governments used funds from other sources, including State, county, and local revenues, grants under Titles IV and V of the Older Americans Act, and other funding sources.

—Nationwide, over 10,900 people worked in State and local ombudsman programs during fiscal year 1986, including professional and volunteer staff.

AREA AGENCIES ON AGING

In fiscal year 1987, there were 670 Area Agencies on Aging operating under Title III of the Act. As of the end of fiscal year 1987, there were 683 Planning and Service Areas, including 15 single Planning and Service Areas covering whole States and Territories. An Area Agency on Aging may be a public or private organization, an Indian Tribe, or a sub-State regional body. Area Agencies on Aging have the major responsibility for the administration of funds for Title III–B supportive services and Title III–C nutrition services. Area Agencies receive their funds from the State Agency on Aging and then award grants and contracts to local supportive and nutrition service providers under an approved area plan.

Area Agencies on Aging are responsible for providing technical assistance to and monitoring the effectiveness and efficiency of their respective service providers. Through their coordination and planning activities, Area Agencies also address the concerns of older persons at the community level. Area Agencies interact with other local public and private agencies and organizations in order to coordinate their respective activities and elicit or "leverage" additional resources to be used on behalf of older persons.

In fiscal year 1987 more than 12,200 people were employed by the Area Agencies on Aging. The staffs are augmented by 67,498 volunteers throughout the Nation, about 77 percent of whom are aged 60 years or older.

State Agencies on Aging and single Planning and Service Areas received a total of $693.2 million of Title III funds during fiscal year 1987. Of this amount, approximately 87 percent was used for supportive and nutrition services and the remainder was spent for adminstrative purposes. Area Agencies on Aging augmented their Title III funds through eliciting support from other Federal, State, and community sources. In addition, income is generated for the program from such sources as participant contributions for meals, which have been increasing steadily over the years.

TITLE III SERVICES

Title III–B supportive services are designed to provide assistance to those older persons in need. Most supportive services fall in three broad categories: Access services; in-home services; and other community and neighborhood services. Access services are transportation; outreach; and information and referral. Most in-home services are either housekeeping; personal care; chore; and visiting and telephone reassurance. Community and neighborhood services include legal services; residential repair; escort services; health services; physical fitness programs; pre-retirement and second career counseling; and other services. Most social services and congregate meals are provided at multi-purpose senior centers, many of which have been designated as community focal points.

Data on Title III services and program operations are sent to AoA each year by the SAA through the Title III information System. During fiscal year 1987 the Title III Program Performance Reports for fiscal year 1986 were analyzed. The national program statistics for fiscal year 1986 are provided in Appendix IV. These data pertain to: Program operations and multi-purpose senior centers and community focal points; participation levels for Title III–B supportive services; and service characteristics and participation under the Title III–C nutrition program. Selected program data are highlighted below.

The Title III–B program is currently reaching an estimated 9 million older clients in need of access, in-home, and community-based services. In fiscal year 1986, 16 percent of all participants were racial and ethnic minorities and 43 percent were low income. In the area of access services, transportation was the most frequently provided service, followed by information and referral then outreach. Of four defined in-home service categories, reassurance to elderly persons through visiting and telephone contacts was reported most frequently, followed by homemaker, chore, and home health aid services. Of the four services in the community and neighborhood category reported in the Title III Information System, health services were most frequently provided, followed by legal, escort, and residential repair/renovation services.

Over 149 million congregate meals were served to older people and their spouses during fiscal year 1986. In addition to Title III funds, these meals are also supported by State funds; Social Services Block Grant Program and other Federal funds;

State/local funds; and participant contributions. Over 2.9 million elderly received meals at congregate sites.

During fiscal year 1986, 79.8 million meals were provided to the homebound elderly from all funding sources. A total of 671,496 older persons received home-delivered meals.

SECTION III. TITLE VI GRANTS TO INDIAN TRIBES

Under Title VI of the Older Americans Act, the Administration on Aging annually awards grants to tribal organizations representing federally recognized Indian Tribes. These grants assist tribal governments in delivering nutrition and supportive services to older Indians.

In fiscal year 1987, the number of tribal organizations funded under Title VI was 133 with an appropriation of $7,500,000. (See Appendix V for a listing of fiscal year 1987 Title VI grantees.)

In 1986 AoA Regional Offices were authorized to serve as the primary point of contact for Indian leaders operating programs for the Indian elderly. By virtue of long experience with Older Americans Act programs, familiarity with community resources, and geographic proximity, the Regional Offices have successfully provided management assistance and opportunities for collaboration between Indian leaders and State officials working in the field of aging. Such collaboration includes the promotion of conference agendas; coordination of training programs; and a newly formed National Association of Title VI Program Directors, which focuses on Indian issues.

During fiscal year 1987, Title VI service data were analyzed for the fiscal year 1986 funding period. Preliminary analysis of the data reflects the following:

—The Title VI program continues to maintain a very high participation rate. Of the eligible population of 35,015, about 90 percent participated in nutrition services and about 60 percent received one or more supportive services.

—The Title VI program continues to be directed primarily toward nutrition services. Approximately 60 percent of Tribes' total expenditures are for meals.

—About 70 percent of the older Indians participating in nutrition services received their meals in a congregate setting, while 30 percent received their meals at home.

—Title VI provides a wide variety of supportive services. The two services most frequently used are transportation and information and referral.

—The Title VI program attracts a large number of volunteers (about 60 percent of staff) to assist with the program.

AoA continues to administer a contract to provide training and technical assistance to the tribal organizations for the administration of their Title VI grants. Under this contract, assistance is provided for managing nutrition service programs, providing supportive services, and grant management.

SECTION IV. AOA DISCRETIONARY PROGRAMS

Title IV of the Older Americans Act authorizes a program of discretionary grants and contracts to support training and education, research and demonstration, and other activities. A primary purpose of these activities is to develop the necessary knowledge and information base to assist AoA and the State and Area Agencies on Aging to carry out the goals, objectives, and program services set forth in the Act. A total of $25 million was available to support those efforts during fiscal year 1987. This section describes AoA activities during fiscal year 1987 for Title IV, Part A—Education and Training and Part B—Research and Demonstration. (Appendix VI contains a listing of all AoA discretionary grants and contracts which were operational during fiscal year 1987.)

A. TITLE IV–A, EDUCATION AND TRAINING

Sections 410 and 411 of the Older Americans Act authorize the award of grants and contracts to assist in recruiting persons, including minorities, to enter the field of aging; to train professional and paraprofessional persons employed in or preparing for employment in fields having an impact on the aging; and to provide technical assistance and other activities related to such training.

The primary objective of the education and training program is to improve the quality of service and to help meet critical shortages of adequately trained personnel for programs in the field of aging.

In fiscal year 1987, AoA awarded 37 new grants in five training areas. A brief description of some of the major activities these projects will undertake is presented below.

1. Career Preparation/Aging Content in Professional Academic Training

Six grants were awarded to academic institutions and national professional organizations to develop curricula and conduct training activities for professionals and paraprofessionals who are preparing for employment in occupations that significantly impact on the elderly population. Occupations represented in these career preparation projects include physical therapists, counselors, optometrists, social workers, journalists, and physicians.

Examples of the types of projects funded are: (1) A project to develop educational videotapes for physical therapists with a special focus on the needs of minority and rural elderly; and (2) a project that supports the development of an interdisciplinary geriatric education program for faculty and students from medicine, pharmacy, and social work within a nursing home and primary care community health center in a rural/small town setting.

2. Statewide Short-Term Training

In fiscal year 1987 21 statewide grants were awarded to State Agencies on Aging, academic institutions, and national aging and professional organizations to develop and conduct training activities for persons currently employed in occupations serving the elderly. Occupational groups represented in these continuing education and in-service training projects include hospital discharge planners and social workers; home-health aides; nursing home attendants and aides; adult home operators; community health center staff; developmental disability center directors; housing managers; employee counselors; ministers; and city planning and zoning officials.

Several special projects support training of persons working with the hearing-impaired elderly. One project supports short-term placement of post-doctoral researchers, in planning and service agencies and organizations, to increase their exposure to problems of providers and practitioners and encourage practical applications of new knowledge.

3. Minority Training and Development

In this area four grants were awarded to stimulate opportunities for training and the employment of minorities for management positions in the aging network. Two of these grants were awarded to city departments of aging and two to national aging organizations representing minority groups (Blacks and Hispanics). One project will address the needs of minority elderly in long-term care (LTC) facilities by recruiting and placing qualified minority interns in LTC facilities and community-based programs to prepare them for permanent placement in managerial positions in these facilities.

4. State Agency on Aging Collaborative Training

One grant was awarded to develop and disseminate training materials to a State's employment training network and aging network to increase cooperative efforts between these two networks for the benefit of older workers. The project will be conducted by the Colorado Division of Aging and Adult Services.

5. Orientation and Training of Elected Officials

Five grants were awarded to orient and educate elected officials about issues relating to older persons and how responsive service systems can be developed. As State and local executives and members of legislative bodies, elected officials have unique influence and authority over matters effecting the general health and well-being of older persons. Projects will be conducted by the National Conference of State Legislators, other State associations, and academic institutions. AoA anticipates that these projects will give elected officials greater access to information about older persons in their jurisdictions and enable them support and foster more responsive systems of services for older citizens.

B. TITLE IV–B, RESEARCH AND DEMONSTRATION PROJECTS

Title IV-B, Sections 421, 422, 424, and 425 of the Older Americans Act, authorizes funding for projects to identify, assess, and demonstrate new approaches and methods to improve the well-being and independence of older persons. The primary objective of AoA-supported research is to develop new knowledge that will increase the capacity of State and local agencies, in both the public and private sectors, to assist older persons in achieving and maintaining economic and personal independence. AoA-funded demonstration projects seek to test new models, systems, and approaches for providing and delivering services.

In fiscal year 1987 AoA initiated research and demonstration efforts primarily in six program areas of priority interest and concern to the elderly. These priority areas were:

—improvements in community;
—legal services;
—housing and supportive services;
—health promotion;
—intergenerational; and
—other projects.

New research and demonstration projects undertaken in these six areas are highlighted below, as well as other related research and demonstration program activities supported by AoA.

1. Improving Community-Based Systems of Services for Older Persons

The central objective of AoA's research and demonstration program during fiscal year 1987 was to stimulate the development of stronger systems of services for older persons, especially those who are most vulnerable. The projects funded in this area are designed to make the comprehensive, coordinated, community-based system of care envisioned in the Older Americans Act a reality throughout the Nation.

a. Improvements in Aging Network Linkages

States and communities face a growing challenge to develop service systems that demonstrate effective linkage and collaboration among the many community-level organizations, public and private, which significantly affect the lives of older persons. State Agencies on Aging, together with their Area Agencies on Aging, have special responsibilities to identify service gaps and to serve as brokers and catalysts in helping to develop integrated service systems for older persons. In fiscal year 1987 AoA funded projects to link State and Area Agencies on Aging with other organization to improve service systems and access.

(1) *Linking Community Health Care and Supportive Services.*—Major changes are occurring in the health care system. The hospital is evolving as the core of the health system in many communities, providing health services in satellite clinics and hospital-based in-home services. Community health centers, traditionally focused on maternal and child health, are also changing and may become a primary health resource to an increasing number of older people. To demonstrate how State and Area Agencies on Aging can work with hospitals and community health centers to more effectively plan and integrate health and supportive services for the elderly, AoA funded five new projects.

(2) *Increasing State Agency on Aging Leadership Capacity to Assist Alzheimer's Disease Victims and Their Families.*—Many State Agencies on Aging identify Alzheimer's disease as a growing concern, requiring them to take the lead in providing technical support and expert training for organizations serving victims of this disease. To address this need, AoA funded five collaborative capacity-building efforts between State Agencies on Aging and organizations with the requisite expertise in the field of Alzheimer's disease.

In addition, AoA has entered into a private-public partnership with the Robert Wood Johnson Foundation and the Alzheimer's Disease and Related Disorders Association to support, beginning in fiscal year 1988, a number of model projects to provide day programs and other respite and health-related services needed by persons with dementia and their caregivers.

(3) *Linkages To Improve Emergency Service During Crises.*—Many communities do not have an adequate response capability to meet the needs of older citizens and their families in time of crises and emergencies. Poor response capability may reflect a lack of service, failure to coordinate service, or poor dissemination of information. To help remedy this situation, AoA funded two new awards to Area Agencies on Aging, who will take the lead in developing a communitywide interagency emergency response system for older persons and their families in times of crisis.

(4) *Linking Medical Emergency Facilities to Supportive Service Systems.*—Six demonstration project grants were awarded to State and Area Agencies on Aging and nonprofit hospitals to encourage formal linkages between medical emergency facilities and community- and home-based services for nonhospitalized older persons. The projects address the increasing after-hours use of emergency facilities by older per-

sons, who need temporary nonmedical support to keep them from long-term institutionalization. Hospital emergency departments and out-patient clinics staff will be trained to identify and screen older persons entering their facilities as candidates for referral to community- and home-based services. Projects vary in the use of onsite or off-site trained nonmedical personnel to conduct functional assessments, to assess the length and provision of emergency home support services, and to conduct post-emergency facility follow-up visits of discharged patients. Project evaluations will determine the effectiveness of strategies in reducing inappropriate use of emergency room facilities and increasing timely access of frail older persons to appropriate community- and home-based supportive services.

b. Other Improvements in Community Systems of Services for Older Persons

In addition to the aging network linkage projects described above, AoA funded an additional 13 projects to otherwise improve the capacity of community service systems to respond to the needs of our older populations.

(1) *Improve Targeting of Services to the Vulnerable Elderly.*—Nine Awards were made to mobilize community resources to provide a continuum of care for vulnerable older persons and help them live as independently as possible. Barriers to service access such as disabilities, isolation, unfamiliarity with the formal social service system, and language or cultural barriers are addressed. Among these new projects, two national minority aging organizations, the National Indian Council on Aging and the National Pacific/Asian Resource Center on Aging, have been funded to provide technical assistance, educational materials, and information to aging network agencies aimed at improving the availability and accessibility of services to older Indians and Pacific/Asian elderly respectively.

(2) *Field Initiated Projects for Improving Community Service Systems for the Elderly.*—In fiscal year 1987, AoA invited Agencies on Aging, Title VI Tribal organizations, and other organizations serving the elderly to submit innovative proposals for significantly improving communitywide service systems to the vulnerable elderly. Four such proposals were funded, including two which focus on meeting the special needs of Tribal elders.

2. Legal Assistance for Older Persons

Older persons frequently find legal assistance difficult to obtain because of financial constraints, unfamiliarity with available services, or a reluctance to ask for help. State and Area Agencies on Aging are responsible for coordinating legal service programs developed by local legal providers that give legal advice, consultation, and related services to older persons. AoA funded 7 new legal assistance projects to assist the network of State and Area Agencies on Aging with this responsibility. In addition, 12 other AoA-supported legal assistance projects were active in fiscal year 1987.

These projects are designed to make legal assistance more available to older persons—especially those with the greatest economic and social needs—and to coordinate legal assistance programs with the supportive services provided under Title III of the Older Americans Act. Among the products developed are: A video tape urging private attorneys to provide *pro bono* and reduced-fee services to poor, older Black people; a handbook for providing legal assistance to the homebound elderly; training and education materials on the Age Discrimination in Employment Act, guardianship, and Social Security entitlements; and a free legal hotline for older persons throughout the State of Pennsylvania.

3. Housing and Supportive Services

AoA, in cooperation with the Robert Wood Johnson Foundation, funded four demonstrations to assist low-income elderly residents of public housing to purchase supportive services. Each of the AoA-funded sites received a supportive services grant award from the Robert Wood Johnson Foundation to provide supportive services programs based in the private pay market. Projects are expected to identify supportive services in a community; expand the availability of nontraditional health and health-related services for the elderly; and demonstrate new mechanisms for organizing and financing those services so that they can eventually become self-supporting.

In fiscal year 1987, AoA also awarded a grant to demonstrate the feasibility of retrofitting the residences of older persons, which represents a promising housing option for those older persons seeking to remain in their communities.

In a related development, AoA (in conjunction with the Department of Housing and Urban Development and the U.S. Conference of Mayors) sponsored a National

Conference on Adaptive Reuse for Elderly Housing, March 19-20, 1987, in Washington, DC. Participants examined numerous exemplary projects and their potential for replication, and discussed such issues as the roles of Federal, State, and local governments, as well as, the private sector in promoting and implementing the concept of adaptive reuse of existing facilities for elderly housing.

In addition, under a grant from AoA, two national organizations, the Council of State Housing Agencies and the National Association of State Units on Aging, joined together to enhance collaboration between State agencies in the housing and aging fields to expand elderly housing options. The project produced important reference materials on congregate housing; board and care homes; home equity conversion programs; accessory apartments and echo units; and aging in-place training for managers. In addition, the project developed a guidebook, *State Initiatives in Elderly Housing,* which provides a framework for better understanding of current elderly housing programs as well as a guide for State planning.

4. Aging Health Promotion

During fiscal year 1987, AoA funded 17 grants in aging health promotion. A brief description of the health related areas under which projects were conducted follows.

a. Dental Health

Recognizing that good oral and dental health are important to the overall physical and psychic well-being of older people, AoA added the category of dental health promotion to its fiscal year 1987 priority areas. Applications were solicited for projects which would provide pre-service and continuing education in dental and oral health care of older people for dental and other health personnel and/or promote oral health and good dental practice among the elderly on a statewide basis.

A total of nine grants were awarded to five State dental schools, two State health agencies, one community college, and one national dental association. One other project to provide continuing education for dentists and other health personnel was funded in fiscal year 1987 under the general category of continuing education and short-term training. These grants plus a continuing grant in dental health promotion funded in fiscal year 1986 bring the total number of current projects in this area to 11.

b. Mental Health

AoA solicited proposals to conduct statewide public education campaigns aimed at promoting better mental health among the elderly. Six grants were awarded to two State universities, three State departments working on mental health issues, and one national organization.

c. Pedestrian and Driver Safety

Applications were solicited for projects to conduct public education and awareness programs, which inform older drivers and the general public about the driving implications associated with advancing age and provide pedestrian education in urban areas. Two grants were awarded—one to a State health officers' association and one to a State department of highway safety.

5. Intergenerational

Eight projects were awarded to encourage public and private nonprofit organizations to plan and carry out creative intergenerational programs to meet identified community needs. Of these grants, three were awarded to State Agencies on Aging, two to academic institutions, one to Puerto Rico's Department of Social Services, and two to nonprofit organizations. These projects are designed to foster intergenerational understanding by involving older persons in designing and teaching programs to youth in schools and assisting younger persons in improving their knowledge about the aging process through close interaction between the elderly and youth. The young persons will be involved in giving chore services, assisting in the activities of daily living, and providing companionship to the elderly.

AoA is approaching the completion of a 2-year cooperative agreement with the Elvirita Lewis Foundation. Through this project, AoA and 12 foundations have funded 9 intergenerational projects geographically dispersed across the country. These projects include two intergenerational child care programs; a telephone help line operated by frail elderly for latch key children; an oral history project; a senior mentor program; a child abuse prevention program; senior homesharing; work options for older persons; and, a project which organizes community agencies for intergenerational activities. Plans are underway for a major publication providing an overview of the project. It will highlight the successes that can result from collaboration between foundations and the Federal Government.

The American Bar Association received a supplemental award to develop comprehensive guidance on handling grandparent visitation cases. This will include a bibliography of all existing literature on this topic, an analysis of all State laws addressing the issue, and a complete listing of published court opinions on the subject. Upon completion, the guidance will be widely disseminated to the aging network and other interested agencies and organizations.

6. Other Projects

a. Research and Evaluation

AoA funded two new research and evaluation projects in fiscal year 1987. One of these is for research to assess the relationship between two major Federal programs currently funding social services to the elderly: Title III of the Older Americans Act and the Social Services Block Grant Program. The purpose of the other grant is to develop and field-test a self-assessment instrument for evaluating the performance of State Agencies on Aging in carrying out their major leadership responsibilities.

b. Transfer of International Innovations

Three new projects were funded to assess the feasibility of transferring to the United States certain innovative social services developed by other countries for their older population.

Knowledge of social services programs abroad—their authorizations, governance, and delivery systems—can contribute materially to the design and operation of human services programs in the United States.

In fiscal year 1987, AoA made continuation awards to projects in these major areas:

1. Prevention and Treatment of Elder Abuse

Nine continuation awards were made to demonstrate statewide collaborative efforts to prevent and treat elder abuse. Collaboration has involved State and Area Agencies on Aging; courts and law enforcement departments; mental health and adult protective services agencies; and many others.

Some examples of the replicable statewide programs produced are: A model network for referral of abuse cases to community mental health centers for clinical follow-up; a model system of coordinated, community-based prevention and treatment of elder abuse using local media, multidisciplinary consultation teams; training and technical assistance; and development and dissemination of "best practice" user manuals for State and Area Agencies on Aging and adult protection agencies.

Two other AoA-supported projects developed and disseminated informational materials on elder abuse to a nationwide audience. These efforts included:

—a national conference on *Elder Abuse: Strengthening Advocacy, Resources and Services*;

—feature presentations of project activities to prevent and treat elder abuse on the *Today Show* and in a Canadian Film Board documentary;

—three training videotapes with guides (which received a national media award for excellence);

—a three-volume report entitled *A Comprehensive Analysis of State Policies and Practices Related to Elder Abuse*; and

—several issues of an elder abuse newsletter distributed to a national audience.

2. Preparation for an Aging Society

Fourteen projects are being supported by AoA whose common purpose is to encourage societal institutions, families, communities, and individuals to prepare appropriately for an aging society. Efforts are focused on educating young and middle-aged adults on the necessity of planning for their later years; developing a demographic data base and forecasting models to guide public policies for future generations of older Americans; responding to the growing needs of suburban elderly; and concentrating the attention of major State-level public and private institutions on the social, political, and economic implications of an aging society.

3. Collaborative Efforts to Promote Systems Changes to Improve the Lives of Older Americans

AoA made 11 continuation awards to State and Area Agencies on Aging for collaborative action with public and private sector organizations. These are aimed at achieving systems changes which would establish and maintain a continuum of family- and community-based care for older persons, especially those most likely to lose their independence. These projects focus on several key policy concerns, among the community- and home-based care; mental health services; guardianship; post-hospital convalescent and support services; and a continuum of care for Alzheimer's disease victims and their families.

4. Other Projects

In fiscal year 1987 AoA made continuation awards to six other projects:
—the Michigan Office of Services to the Aging to help ensure the quality of guardianship programs for older persons by developing comprehensive model standards for possible statewide use and national replication;
—the National Research Council's Transportation Research Board to identify the most beneficial actions to improve the traffic safety and mobility of older persons and recommend ways to implement them;
—the Baltimore County Department of Aging to develop a system—Results Oriented Management for Users in Long-Term Care and Aging Services (ROMULAS)—which will measure the effectiveness of long-term care service, senior center frail programs, and preventive geriatric health programs;
—the American Association for International Aging to find innovative income-generating programs for the elderly in other countries which can be adapted to the United States;
—the Jewish Federation Council of Greater Los Angeles to transfer international innovations in community-based and in-home services between Israel and the United States; and
—the Florida Department of Health and Rehabilitative Services in cooperation with the Veterans Administration to demonstrate interagency cooperation to offer the frail elderly a low cost long-term care alternative to nursing home care.

C. LONG-TERM CARE

During fiscal year 1987, AoA funded nine long-term care projects. These efforts are described below:

1. Long-Term Care Gerontology Centers

Since 1982, AoA has funded the Universities of Texas and Utah to establish and operate multidisciplinary Long-Term Care Gerontology Centers. Both centers have placed a strong emphasis on bringing together a variety of academic disciplines within their universities, especially medicine, nursing, and social work, to develop a comprehensive knowledge base about long-term care issues, with a special emphasis on community-based long-term care systems.

The Centers now have successfully completed a 5-year program directed at:
—interdisciplinary education and training for health and social service professionals;
—research on long-term care issues;
—development of "best practices" models of long-term care services delivery;
—technical assistance to others, especially State and Area Agencies on Aging; and
—information dissemination.

The influence of the Centers will continue beyond their funding periods because of the personnel networks established, materials disseminated, and the recognition that the Centers have become important resources on aging and long-term care.

AoA awarded three new demonstration grants to institutions which were formerly supported under the Center program. These awards were in the areas of: (1) Emergency medical services to the elderly; (2) continuing education for hospital discharge planners; and (3) education of community health personnel in clinical geriatrics and service development.

2. Improving Linkages with Long-Term Care Facilities

Four grants were awarded to Area Agencies on Aging and a Title VI Indian tribal organization to establish more effective linkages between community-based supportive service agencies and residential long-term care facilities. These linkages are to assist in providing a continuum of care for meeting the needs of the vulnerable elderly.

Examples of the types of projects funded are: (1) A project to train hospital discharge planners to improve hospital referrals for medicare patients who are in need of supportive housing; and (2) a project that will mobilize a range of community-based activities and services to improve the quality of life of older persons living in nursing homes.

SECTION V. EVALUATION

Section 206 of the Older Americans Act authorizes evaluation of the impact of programs funded under the Act, including their effectiveness in achieving stated goals. AoA's evaluation program in fiscal year 1987 included the award of one project.

This evaluation, entitled "A Short Term Evaluation of the Visibility of Aging Services Systems at the Local Level," will study the strategies for increasing the visibility of aging services at the local level. The overall purpose of this study is to identify successful efforts that have been undertaken to increase public awareness, knowledge, and understanding of aging services at the local level.

The project will also examine how these efforts have been implemented; characteristics of State and Area Agencies conducting these activities; State and Area Agencies efforts to strengthen ties among services for older persons; and the impact of increased public awareness on the system of aging services within the community.

APPENDIX I

FY 1987 BUDGET ADMINISTRATION ON AGING

Supportive Services and Senior Centers 1/	$ 270,000,000
Nutrition Services 1/	
Congregate Nutrition Services	278,000,000
Home-delivered Nutrition Servies	75,400,000
Grants to Indian Tribes	7,500,000
Training, Research, and Discretionary Projects and Programs	25,000,000
TOTAL	$ 725,900,000

1/ Up To 8.5 percent of the funds for Supportive Services and Senior Centers, and for Nutrition Services, may be used for Area Agency activities.

APPENDIX II

FY 1987 FINAL TITLE III ALLOTMENTS, AFTER REALLOTMENT

STATES	TITLE III-B SUPPORTIVE SERVICES	TITLE III-C1 CONGREGATE NUTRITION SERVICES	TITLE III-C2 HOME-DELIVERED NUTRITION SERVICES
Alabama	4,350,016	5,605,481	1,214,674
Alaska	1,374,057	1,773,107	383,612
Arizona 1/	3,320,807	4,280,089	928,727
Arkansas	3,004,060	3,872,188	838,532
California	24,870,022	32,030,684	6,949,295
Colorado	2,627,979	3,387,880	733,954
Connecticut	3,784,073	4,868,625	1,056,740
Delaware	1,395,957	1,801,310	389,615
Dist. of Col.	1,397,784	1,803,662	390,116
Florida	16,608,109	21,391,181	4,643,080
Georgia	5,292,951	6,819,771	1,478,878
Hawaii	1,410,235	1,819,697	393,528
Idaho	1,409,912	1,819,280	393,439
Illinois	12,473,009	16,058,043	3,482,853
Indiana	5,821,879	7,497,287	1,626,834
Iowa	3,678,285	4,740,441	1,026,530
Kansas	2,957,483	3,812,208	825,386
Kentucky	4,008,187	5,165,281	1,119,096
Louisiana	4,058,112	5,229,574	1,133,023
Maine	1,443,916	1,863,070	402,774
Maryland	4,206,755	5,420,992	1,175,425
Massachusetts	7,067,603	9,105,129	1,973,386
Michigan	9,268,836	11,939,828	2,588,811
Minnesota	4,604,279	5,932,916	1,285,511
Mississippi	2,806,852	3,618,228	783,370
Missouri	6,106,811	7,859,795	1,705,020
Montana	1,405,401	1,813,471	392,203
Nebraska	1,985,748	2,560,829	552,986
Nevada	1,406,514	1,814,905	391,548
New Hampshire	1,414,133	1,816,668	394,596
New Jersey	8,775,816	11,296,879	2,450,224
New Mexico 2/	1,399,383	1,805,723	390,426
New York	20,952,752	26,986,115	5,849,596
North Carolina	6,267,277	8,070,860	1,751,439
North Dakota	1,400,160	1,806,722	390,767

1/ Includes amounts transferred for administering the interstate planning and service area from New Mexico and Utah.

2/ Amounts reflect transfer to Arizona for interstate planning and service area.

FY 1987 FINAL TITLE III ALLOTMENTS, AFTER REALLOTMENTS

STATES	TITLE III-B SUPPORTIVE SERVICES	TITLE III-C1 CONGREGATE NUTRITION SERVICES	TITLE III-C2 HOME-DELIVERED NUTRITION SERVICES
Ohio	11,784,505	15,179,451	3,291,392
Oklahoma	3,658,626	4,715,124	1,021,242
Oregon	3,072,448	3,952,209	857,837
Pennsylvania	15,350,195	19,767,639	4,286,718
Rhode Island	1,424,205	1,837,687	397,357
South Carolina	3,096,325	3,991,006	865,139
South Dakota	1,404,581	1,812,415	391,978
Tennessee	5,118,946	6,595,692	1,429,781
Texas	13,906,780	17,912,469	3,884,915
Utah 2/	1,414,118	1,824,696	394,565
Vermont	1,391,071	1,795,018	388,276
Virginia	5,301,166	6,830,351	1,481,330
Washington	4,442,082	5,724,041	1,240,636
West Virginia	2,392,673	3,084,858	667,677
Wisconsin	5,459,897	7,034,761	1,524,430
Wyoming	1,382,351	1,783,788	385,886
American Samoa	458,196	590,055	126,455
Guam	675,000	869,250	188,500
Puerto Rico	2,544,840	3,280,816	709,922
Trust Territory	503,322	648,154	137,947
Virgin Islands	678,433	869,250	189,460
Northern Marianas	185,087	238,351	52,563
TOTAL	270,000,000	347,825,000	75,400,000

APPENDIX III

FY 1987 TITLE III ALLOTMENTS, AFTER TRANSFERS

STATES	TITLE III-B SUPPORTIVE SERVICES	TITLE III-C1 CONGREGATE NUTRITION SERVICES	TITLE III-C2 HOME-DELIVERED NUTRITION SERVICES
Alabama	4,072,971	5,570,025	1,527,175
Alaska	1,683,509	1,290,598	556,669
Arizona 1/	3,470,807	3,280,089	1,778,727
Arkansas	3,419,978	3,037,666	1,257,136
California	26,523,921	28,557,986	8,768,094
Colorado	3,176,012	2,513,270	1,060,531
Connecticut	3,674,116	4,130,814	1,904,508
Delaware	1,437,781	1,477,232	671,869
Dist. of Col.	1,743,260	1,458,186	390,116
Florida	19,939,086	16,059,978	6,643,306
Georgia	5,384,777	6,740,041	1,466,782
Hawaii	1,864,172	1,242,359	516,929
Idaho	1,662,030	1,381,294	579,307
Illinois	13,473,009	14,058,043	4,482,853
Indiana	6,563,682	5,832,209	2,550,109
Iowa	3,678,285	4,646,560	1,120,411
Kansas	2,957,483	3,607,644	1,029,950
Kentucky	4,219,164	4,372,728	1,700,672
Louisiana	4,329,542	4,849,270	1,241,897
Maine	1,443,916	1,141,443	1,124,401
Maryland	4,350,727	5,234,744	1,217,701
Massachusetts	7,067,603	6,649,752	4,428,763
Michigan	9,547,896	10,595,329	3,654,250
Minnesota	5,043,079	5,266,609	1,513,018
Mississippi	3,473,140	2,804,584	930,726
Missouri	5,990,757	7,145,545	2,535,324
Montana	1,419,778	1,613,972	577,325
Nebraska	2,155,748	2,460,829	482,986
Nevada	1,681,514	1,514,905	416,548
New Hampshire	1,936,789	985,304	703,304
New Jersey	9,058,472	10,794,083	2,670,364
New Mexico 2/	1,399,383	1,805,723	390,426
New York	23,040,069	21,958,364	8,790,030
North Carolina	8,367,277	5,970,860	1,751,439
North Dakota	1,487,032	1,509,923	600,694

1/ Includes amounts transferred for administering the interstate planning and service area from New Mexico and Utah.

2/ Amounts reflect transfer to Arizona for interstate planning and service area.

FY 1987 TITLE III ALLOTMENTS, AFTER TRANSFERS

STATES	TITLE III-B SUPPORTIVE SERVICES	TITLE III-C1 CONGREGATE NUTRITION SERVICES	TITLE III-C2 HOME-DELIVERED NUTRITION SERVICES
Ohio	13,040,545	13,186,865	4,027,938
Oklahoma	3,658,626	4,715,124	1,021,242
Oregon	3,413,245	3,129,804	1,339,445
Pennsylvania	11,350,195	20,267,639	7,786,718
Rhode Island	1,424,781	1,809,778	424,690
South Carolina	3,554,086	3,323,930	1,074,454
South Dakota	1,804,581	1,312,415	491,978
Tennessee	5,251,659	5,497,721	2,395,039
Texas	14,662,645	16,298,762	4,742,757
Utah 2/	1,536,864	1,532,277	564,238
Vermont	1,441,506	1,395,835	737,024
Virginia	6,963,502	4,075,159	2,574,186
Washington	5,322,080	4,024,402	2,060,277
West Virginia	2,561,818	2,347,241	1,236,149
Wisconsin	5,634,412	6,850,266	1,534,410
Wyoming	1,382,351	1,783,788	385,886
American Samoa	458,196	590,055	126,455
Guam	773,827	779,584	179,339
Puerto Rico	2,702,215	3,046,645	786,718
Trust Territory	503,322	648,154	137,947
Virgin Islands	678,433	695,400	363,310
Northern Marianas	250,889	172,549	52,563
TOTAL	289,106,543	299,041,354	105,077,103

APPENDIX IV

SUMMARY OF FY '86 TILTE III PROGRAM PERFORMANCE REPORTS

I. STATE AND AREA AGENCY OPERATIONS

o Total State Agency Paid Staff			2,011	(100%)
60+ Staff	203	(10%)		
Female Staff	1,322	(66%)		
Total Minority	462	(23%)		
o Total Statewide Pooling of Resources			$1,064,726,234	(100%)
Local Resources	$249,403,969	(23%)		
State Resources	$413,805,838	(39%)		
Federal Resources	$401,516,427	(38%)		
o Total Number of Planning and Services Areas			683	
o Total Number of Area Agencies Funded			670	
o Total Area Agency Paid Staff			12,242	(100%)
60+ Staff	3,520	(29%)		
Female Staff	9,382	(77%)		
Total Minority	2,408	(20%)		
o Total Volunteers			67,498	(100%)
60+ Volunteers	52,217	(77%)		
Minority Volunteers	8,519	(13%)		
o Total Paid and Volunteer Staff			79,740	(100%)
Percent Volunteer		(85%)		
o Total Community Focal Points			7,597	
o Total Multipurpose Senior Centers Funded			2,386	

II. TITLE III-B SUPPORTIVE SERVICES

Estimated Persons Served (Duplicated Count)	Estimated Number of Client Contacts
Access:	
Transportation	6,588,385
Outreach	2,264,174
Information/Referral	5,412,839
All Other	1,696,109
Community Services:	
Legal	506,025
Escort	284,347
Residential Repair/Renovation	62,248
Health	1,192,563
All Other	10,449,774
In-home:	
Homemaker	736,342
Home Health Aid	148,850
Visiting/Telephone Reassurance	998,601
Chore Maintenance	253,981
All Other	335,388
Services in Care-Providing Facilities	440,685

o **Estimated Number of Unduplicated Persons Served**

Total Unduplicated Older Recipients	8,986,112*	(100%)
Greatest Social Need	4,228,961	(47%)
Greatest Economic Need	3,843,795	(43%)
Total Minority Served	1,465,725*	(16%)

Racial/Ethnic Composition (% of Total Unduplicated Persons Served):

American Indian/Alaskan Native	43,318	(1%)
Asian/Pacific Islander	116,530	(1%)
Black, Not Hispanic	916,998	(10%)
Hispanic	377,048	(4%)
White	7,520,387	(84%)

*Includes 11,826 persons for which minority breakdown is unavailable.

III. TITLE III-C1 CONGREGATE NUTRITION OPERATIONS

o	Total Paid Staff			26,088	(100%)
	60+ Staff	9,630	(37%)		
	Female Staff	21,009	(81%)		
	Minority Staff	7,163	(27%)		
o	Total Volunteers			225,567	(100%)
	60+ Volunteers	188,759	(84%)		
	Minority Volunteers	32,918	(15%)		
o	Total Paid and Volunteer Staff			251,655	(100%)
	Percent Volunteers		(90%)		
o	Total Congregate Meal Sites			14,772	(100%)
	Frequency of Meals Served:				
	6 or More Days per Week	337	(2%)		
	5 Days Per Week	11,649	(79%)		
	Less than 5 Days Per Week	2,786	(4%)		
o	Sites Serving More Than One Meal Per Day			616	(4%)
o	Total Congregate Meals Served (All Funding Sources)			149,125,454	(100%)
o	Type of Meal Preparation				
	Catered Meals			64,788,012	(43 %)
	Site-Prepared Meals			41,821,431	(28%)
	Central Kitchen Prepared Meals			42,516,011	(29%)
o	Total Meals Served to elderly and Sponses			145,658,746	
o	Total Persons Served Congregate Meals (ALL Funding Sources)			2,913,237*	(100%)
	Greatest Social Need	1,530,885	(53%)		
	Greatest Economic Need	1,530,868	(53%)		
	Total Minority Served	483,838*	(17%)		
	Racial/Ethnic Composition (% of Total Unduplicated Persons Served)				
	American Indian/Native Alaskan			31,251	(1%)
	Asian/Pacific Islander			44,400	(2%)
	Black, Not Hispanic			275,147	(10%)
	Hispanic			119,195	(4%)
	White			2,429,399	(83%)

*Includes 13,745 persons for which minority breakdown is unavailable.

IV. TITLE III-C2 HOME-DELIVERED MEALS OPERATIONS

o Total Paid Staff			16,849	(100%)
60+ Staff	5,519	(33%)		
Minority Staff	4,088	(24%)		
Female Staff	12,419	(74%)		
o Total Volunteers			125,026	(100%)
60+ Volunteers	90,220	(70%)		
Minority Volunteers	12,783	(11%)		
o Total Paid and Volunteer Staff			141,875	(100)
Percent of Volunteers		(88%)		
o Total Home-Delivered Providers			3,646	(100%)
Frequency of Meals Served				
6 or More Days per Week	521	(2%)		
5 Days Per Week	2,840	(79%)		
Less than 5 Days Per Week	285	(4%)		
Providers Serving More Than One Meal Per Day:			277	(8%)
o Total Home-Delivered Meals Served (All Funding Sources)			79,826,587	(100%)
o Total Meals Served to Elderly and Sponses			79,826,587	
o Total Persons Served Home-Delivered Meals (ALL Funding Sources)			671,496*	(100%)
Greatest Social Need	501,574	(75%)		
Greatest Economic Need	423,542	(63%)		
Total Minority Served	114,285*	(17%)		
Racial/Ethnic Composition (% of Total Unduplicated Persons Served)				
American Indian/Native Alaskan			6,643	(1%)
Asian/Pacific Islander			5,238	(1%)
Black, Not Hispanic			78,198	(12%)
Hispanic			22,202	(3%)
White			557,211	(83%)

* Includes 2,004 persons for which minority breakdown is unavailable.

APPENDIX V

FY 1987 GRANTS TO INDIAN TRIBES
TITLE VI, OLDER AMERICANS ACT
ADMINISTRATION ON AGING

		Number of Grantees
Part I 90AI0161 to 90AI0168	Grants Effective 1/1/87	8
Part II 90AI0169 to 90AI0212	Grants Effective 4/1/87	43
Part III 90AI0086 to 90AI0213	Grants Effective 9/30/87	72
Part IV 90AI0214 to 90AI0223	Grants Effective 9/30/87	10
	Total Grantees	133

APPENDIX VI

ADMINISTRATION ON AGING
ACTIVE GRANTS
UNDER TITLE IV OF THE OLDER AMERICANS ACT

September 30, 1987

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                           ACTIVE GRANTS
           Under Title IV of the Older Americans Act
                          As of 10/01/87

PROJECT                                FUNDING
                                       FY 1985        FY 1986        FY 1987
=====================================  ======================================

AGING POPULATION CHARACTERISTICS/NEEDS
 Research

90AR0074
 Brown University
 Box 6
 Providence, RI  02912
  Projecting the Long_Term Care Needs of the Elderly
Mary E. Jackson, Ph.D.
(401) 863-3211
06/01/86 - 07/31/88            AoA  : $        0       $ 100,000       $  99,991
This project will combine several health/long-term care data sets to produce
three products:  1) a reanalysis of the Georgia and South Carolina
Community-Based Long Term Care Project data; 2) function-specific
projections of the elderly population, 1985-2020; and 3) an analysis of the
policy implications of the function-specific projections of the elderly
population.
==============================================================================

AGING POPULATION CHARACTERISTICS/NEEDS
 Research

90AR0101
 The Urban Institute
 2100 M Street, N.W.
 Washington, DC  20037
  Preparation for an Aging Society: Future Needs, Programs and Personnel
  Requirements
Sheila Zedlewski
(202) 857-8657
08/01/86 - 07/31/88            AoA  : $        0       $ 174,950       $ 174,959
This project will use microsimulation techniques to provide detailed
projections of the size and demographic/economic composition of the elderly
population through 2020.  These data will be linked to service utilization
data in the health, social service, and housing areas to provide forecasts
on likely future needs of the elderly and personnel requirements.  A group
of experts in the various service areas will be responsible for drawing
public policy implications from the data and forecasts.  Products will
include research papers and a book integrating the project's findings.

==============================================================================
PROJECT                                   FUNDING
                                          FY 1985        FY 1986        FY 1987
=======================================   ========================================

AGING POPULATION CHARACTERISTICS/NEEDS
 Research

90AR0102
 Gallaudet University
 800 Florida Avenue, N.E.
 Washington, DC  20002
  Current and Future Needs of the Hearing Impaired Elderly
Thomas E. Allen, Ph.D.
(202) 651-5575
08/01/86 - 07/31/88               AoA  : $       0       $  38,220      $  35,913
This project will assess the future needs of the hearing impaired elderly,
now estimated at approaching 8 million persons.  A special focus will be on
those most vulnerable to a loss of independence.  The analysis will include
such variables as age, sex, race, marital status, health, socioeconomic
status, and level of hearing loss.  Collaboration with NASUA will help to
ensure dissemination and utilization of project findings by the aging
network.
==================================================================================

AGING POPULATION CHARACTERISTICS/NEEDS
 Research

90AR0104
 United Way of America
 701 North Fairfax Street
 Alexandria, VA  22314
  Preparation for an Aging Society: Future Needs, Programs, and Personnel
  Requirements
Thomas J. Ledwith, Ph.D.
(703) 836-7100
09/30/86 - 09/29/88               AoA  : $       0       $ 175,000      $ 175,000
This project will link forecasts on the demographic, health, and economic
conditions of the older population to policy considerations at Federal,
State, and local levels.  Using Trend Impact Analysis, the project will
project the number of older persons in various categories of need, the
services and programs likely to be available, the number of elderly, by
category, likely to seek support under available programs and conclude with
an evaluation of the program and policy implications of these trend
projections and analyses.
==================================================================================

ALZHEIMER'S DISEASE
 Demonstration

04AM0279
 Central Midlands Regional Planning Council
 Dutch Plaza, Suite 155
 800 Dutch Square Boulevard
 Columbia, SC  29210
  A Continuum of Care for Alzheimer's Families
Sue L. Scally, Ph.D.
(803) 798-1243
08/01/86 - 07/31/88               AoA  : $       0       $ 106,606      $ 140,554
This project will develop a comprehensive system of care for Alzheimer's
Disease victims, integrating medical care and social services, providing
early intervention and individualized need assessment and planning, and
coordinating formal and informal supports to strengthen the caregiver and
delay institutionalization.  The system constitutes a model continuum of
care organized and implemented by a consortium of aging and social service
agencies, complemented by medical and psychiatric care facilities.  Results
of this model project will be disseminated to, and used by, the Aging and
ADRDA Networks.
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ALZHEIMER'S DISEASE
 Demonstration

90AM0130
 University of Southern California
 Andrus Gerontology Center
 University Park MC-0191
 Los Angeles, CA  90089
  Telephone Networks for Alzheimer's Caregivers: An Instructional Package
  for Peer Support
Jon Pynoos, Ph.D.
(213) 743-5981
06/28/85 - 12/31/87               AoA  : $ 115,994       $       0      $ 107,807
This project will develop, pilot, and test telephone support networks for
the caregivers of victims of Alzheimer's Disease.  This instructional
program is designed for caregivers who cannot attend weekly group meetings,
who are geographically dispersed, or who are resistant to traditional forms
of psychological help.  Tests of effectiveness are increased social
supports, caregiver and communications skills, accompanied by decreased
burden, depression, and anxiety.
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ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT	FUNDING FY 1985	FY 1986	FY 1987

ALZHEIMER'S DISEASE
Demonstration

90AM0144
New York City Department for the Aging
2 Lafayette Street
New York, NY 10007
Alzheimer's Legal Support Project
Janet S. Sainer
(212) 577-0829

06/28/85 - 12/31/87 AoA :	$ 100,000	$ 100,000	$ 0

This project will demonstrate an innovative replicable model for expanding the Aging Network's capacity to assist caregivers of Alzheimer's Disease patients to deal with legal problems stemming from the patient's progressive impairment. There are four (4) components: 1) training of law students, lawyers, and department staff; 2) provision of legal information; 3) increasing caregiver awareness of long-range legal/financial concerns; and 4) improving the ability of Area Agencies on Aging to assist Alzheimer's patients and caregivers.

ALZHEIMER'S DISEASE
Demonstration

90AM0162
Alzheimer's Disease and Related Disorders Assoc. of Eastern MA
1 Kendall Square, Building 600
Cambridge, MA 02139
An Alzheimer's Disease Partnership for Community Based Respite
Nancy King
(617) 574-9394

09/30/85 - 09/29/88 AoA :	$ 94,920	$ 199,540	$ 199,925

This project combines the resources of ADRDA units, Area Agencies on Aging, and service providers in 1) improving the quality of care for Alzheimer's victims and their families; 2) decreasing stress on family caregivers; and 3) increasing cost effectiveness of care in the least restrictive setting. Among the innovative services to be undertaken by these community-based partnerships is a model recruitment and training program for homecare respite workers.

ALZHEIMER'S DISEASE
Demonstration

90AM0257
Colorado Department of Social Services
Division of Aging and Adult Services
717 17th Street, P.O. Box 181000
Denver, CO 80218-0899
Aging Network Linkages: Increasing State & Area Agency on Aging Capabilities for Training & Service Coordination Related to Alzheimer's Disease
Joan Bell
(303) 294-2861

08/01/87 - 07/31/89 AoA :	$ 0	$ 0	$ 149,808

Under this project, the Colorado State Agency on Aging will lead a State-wide effort aimed at increasing coordination and referral efforts of Area Agencies on Aging (AAA) and their associated service provider networks in meeting the needs of Alzheimer's Disease victims and their caregivers. Two collaborating organizations, Colorado State University and the Denver chapter of the Alzheimer's Disease Related Disorders Association, will educate AAA staff about intervention strategies to implement early in the progress of the disease (family support groups, adult day care, and respite care). In turn, the AAAs will take the role of training family members and staff of service provider agencies in the use and efficacy of these interventions as alternatives to costly institutional care.

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ALZHEIMER'S DISEASE
Demonstration

90AM0264
Older Alaskans Commission
P.O. Box C, M.S. 0209
Juneau, AK 99811
Bridging the Gap - Families Linked to Respite & Care Network
Ruth Gulyas
(907) 465-3250
09/01/87 - 08/31/88 AoA : $ 0 $ 0 $ 112,460

This project will coordinate services to Alzheimer's Disease victims and their families by bridging the formal and informal care networks. The statewide project, led by the Older Alaskans Commission, involves the collaboration of the Alaska Alzheimer's Disease Family Support Group, the network of aging agencies, hospitals, and nursing homes. Its major programmatic goal is to make respite care available by utilizing empty beds in hospitals and nursing homes. Information, consultation, and training via teleconferencing will be provided to the staffs of hospitals and nursing homes on respite and other care programs for Alzheimer Disease victims and their families. The project demonstrates a model for intensive community-based support services that is applicable in both urban and rural (remote) settings.

ALZHEIMER'S DISEASE
Demonstration

90AM0274
Florida Department of Health and Rehabilitative Services
Office of Aging and Adult Services
1321 Winewood Boulevard 32399-0700
Tallahassee, FL
Development of Black & Hispanic Alzheimers' Support Groups / Training for Ethnic Volunteer Group Leaders
Robert Lombardo
(904) 488-2881
09/01/87 - 08/31/89 AoA : $ 0 $ 0 $ 144,128

The Florida SUA and the University of South Florida Suncoast Gerontology Center will collaborate on this project which is designed to develop Alzheimer Disease support groups among Black and Hispanic caregiver families. Most Alzheimer Disease support groups are now comprised of white, middle-class caregivers. This project aims at correcting this imbalance by focusing on the development of ethnic-specific AD support groups among Black and Hispanic communities in the State of Florida. This pilot demonstration and training of support group volunteer leaders effort is intended for replication within Florida and, as appropriate, across the country.

ALZHEIMER'S DISEASE
Demonstration

90AM0258
California Department of Aging
Alzheimer's Linkages/Respite Branch
1600 K Street
Sacramento, CA 95814
Building State Training Capacity to Enhance Adult Day Care for Alzheimer's Victims
Ellie Huffman
(916) 323-5170
08/01/87 - 07/31/89 AoA : $ 0 $ 0 $ 149,040

This project will build State training capacity (relying principally upon the Alzheimer's Day Care Resource Center of the California Department of Aging) to enhance adult day care support services for Alzehimer Disease victims and their families. The State Agency on Aging will collaborate with a consortium of California universities in developing and applying training materials for families of AD victims and for service provider professionals and paraprofessionals working in adult day care centers throughout the State of California. The anticipated products include: 1) a video training packet, containing a bibliography of materials and a 30 minute video; 2) an audio-cassette and guidebook on the care of AD victims; 3) sample guidebooks for building and maintaining support groups; 4) environmental guidelines for creating safe and supportive day care settings; 5) a Spanish language training packet to encourage outreach to Hispanic families, and; 6) a workbook with guidelines to enhance staff satisfaction and productivity.

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ALZHEIMER'S DISEASE
Research

90AR0063
University of Chicago
School of Social Service Administration
969 E. 60th Street
Chicago, IL 60637
Analysis of Behavioral Programming for Alzheimer's and Other Dementia Clients
Elsie Pinkston, Ph.D.
(312) 962-1176
06/28/85 - 11/30/87 AoA : $ 131,339 $ 130,400 $ 0

This project will evaluate the use of behavioral procedures, in combination with family and day care center interventions, in preventing institutional placement of Alzheimer's and other dementia clients. The project will be conducted in 2 or more day centers with 30 clients, 30 families, and 15 staff over a 2-year period and follow-up every 6 months. Benefits should include a decrease in early admission to nursing homes, respite for family caretakers, and evidence on the costs and feasibility of this cooperative, nonresidential care program.

ALZHEIMER'S DISEASE
Training

90AM0269
South Carolina Commission on Aging
915 Main Street
Columbia, SC 29201
In-Service Training for Alzheimer's Disease
Kay Mitchell
(803) 734-3203
09/01/87 - 08/31/89 AoA : $ 0 $ 0 $ 149,109

This project will provide training on care of Alzheimer's Disease patients for administrators and caregivers in institutional, community and in-home settings. Components of the twenty-four month project include three one-day symposia for nursing home administrators and management staff on planning of care for Alzheimer's patients; development of an instructional package that includes a manual and videotape to be used in a six hour teleconference; development of training teams in the ten *

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

04AM0284
Southwest Tennessee Development District
Area Agency on Aging
416 East Lafayette Street
Jackson, TN 38301
Conserving and Targeting Resources
Ann Lewis
(901) 422-4041
09/30/86 - 09/29/88 AoA : $ 0 $ 64,088 $ 51,916

This project will foster systems change to achieve priority setting and planning for a community-based continuum of care to serve a predominantly rural elderly population. It will facilitate collaborative efforts to reduce delay and inefficiencies in client assessment, discharge planning, and client monitoring. In addition, the project will target Federal, State, and local resources in assisting vulnerable older persons.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

05AM4455
Oneida Tribe of Indians of Wisconsin
P.O. Box 365
Oneida, WI 54155
Oneida Independent Elders Community Support System
Christopher Johns
(414) 869-2214
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 67,991

The purpose of this project is to help older people lead more independent and healthier lives by meeting needsthrough community-based care. The tribe intends to establish an Independent Elders Community Support System to stimulate a higher level of preventive self-care, self-help, Family Support, and post-institutionalization in-home care. It is expected that this program will increase the ability of the frail elderly to maintain an independent lifestyle longer and experience less trauma due to health-related institutionalization.

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PROJECT — FUNDING: FY 1985 — FY 1986 — FY 1987

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

06AG0298
Texas Department on Aging
P.O. Box 12786
Capitol Station
Austin, TX 78711
Public-Private System Building: Health Care Cost Containment
O.P. Bobbitt
(512) 444-2727
09/01/86 - 09/30/88 AoA : $ 0 $ 143,493 $ 97,262

This project will franchise to ten sites in Texas a set of service packages and methodologies as well as long-term care systems building concepts that comprise an entrepreneurial approach to developing community-based services for the moderately and severely impaired elderly. Expected outcomes include: better links between the long-term and acute care systems; benefit by aging agencies from corporate expertise; and increased corporate support for aging programs.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

07AM0339
North Central Flint Hills Area Agency on Aging
2601 Anderson Avenue
Manhattan, KA 66502
Rural Unified Response Accessing Linkages For the Aged (Rural Access)
Monda Spool
(913) 776-9294
09/30/87 - 02/28/89 AoA : $ 0 $ 0 $ 106,140

The North Central/Flint Hills Area Agency on Aging (NC/FH AAA), Riley County Council on Aging, Riley County Long Term Care Task Force, Kansas State University Center for Aging, and 11 county long term care service providers jointly propose to strengthen and implement effective coordination between supportive long term care services and living arrangement options for the elderly. The project will: install at minimal cost and train various audiences in using a user-friendly computerized long term care information system linking all participating agencies and the elderly and their families/caregivers; facilitate mental health services use among the elderly; provide supportive services to caregivers; conduct outreach through nontraditional rural worker groups; and replicate results in other rural counties. The NC/FH AAA will subcontract with three major agencies to accomplish these results. Outcomes include significant increases in interagency referrals, a sustainable computer system at each agency, and a single-point access to information on long term care services by the elderly and their families/caregivers.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

08AM0039
Colorado Department of Social Services
Division of Aging and Adult Services
717 - 17th Street, P.O. Box 181000
Denver, CO 80218
Colorado Continuum of Care Systems Development Project
Thomas Kowal
(303) 294-2861
09/30/86 - 09/29/88 AoA : $ 0 $ 176,013 $ 165,654

This project's goal is to more effectively and efficiently meet the needs of an estimated 60,000 older and/or disabled adults who require protective and long term supportive services, through the implementation of State and local system changes that will result in a more integrated, accessible, and accountable continuum-of-care service delivery system. Among the expected products are: single entry point models; uniform service definitions and performance standards; and a modified State-local block grant/Social Services District model.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

10AS0001
Clackamus County Department of Human Resources
Area Agency on Aging
1107 - 7th Street
Oregon City, OR 97045
Quality Assessment and Enhancement of Services for the Elderly
John Mullin
(503) 655-8640
08/01/86 - 12/31/87 AoA : $ 0 $ 86,845 $ 0

This project focuses on the dissemination and franchising of three (3) model programs: an innovative hospice program; a guardianship/conservatorship program; and a local/State quality assessment program. Systems change will be achieved through the collaboration of the AAA, the SUA, a community college, and two local non-profit organizations. Products will include training manuals and quality assessment protocols covering long term care, housing, and related aging issues.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0134
Holyoke Chicopee Regional Senior Services Corp.
198-210 High Street
Holyoke, MA 01040
Cooperative Home Care
Priscilla Chalmers
(413) 538-9020
06/28/85 - 06/27/88 AoA : $ 35,455 $ 64,545 $ 0

The project will provide a coordinated single entry system of health and social service delivery to needy elders. Utilizing all third party payment sources, i.e., Medicare, Medicaid, Massachusetts State Home Care, in conjunction with participant resources, the program strives to maintain elder independence by providing a myriad of options to institutional care. Centralized case management is at the core of the program assuring an appropriate care package and coordinating service delivery. The program not only addresses the needs of the low income elder, but also those elders of moderate means. By sharing in the development and cost of their service package, such persons will be able to maintain a state of independence and well-being without rapid depletion of their assets.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

08AM0053
Denver Regional Council of Governments
Aging Services Division
2480 West 26th Avenue, Suite 200B
Denver, CO 80211
Network Linkages For Frail Elderly
Susan C. Aldridge
(303) 455-1000
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 112,423

The purpose of this project is to improve hospital referrals for Medicare patients who need housing alternatives and reduce recidivision rates. Housing needs for this population will be assessed and provided to hospital discharge planners who will then intervene with direct housing counseling for 3,000 dischargees, with follow-up counseling provided to clients placed in transitional housing. Training for discharge planners will be provided and the impacts of the program wil be evaluated. Products include: (1) data collection instruments; (2) service/housing data; (3) analysis of Medicare patients' discharges; and (4) training materials.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0171
Ohio Department of Aging
50 W. Broad Street, 9th Floor
Columbus, OH 43266-0501
Designing Mechanisms for Assuring Quality of In-Home Services for Elderly Care Recipients
Larry MacIntosh
(614) 466-1245
06/01/86 - 12/31/87 AoA : $ 0 $ 158,775 $ 0

The project will be conducted by the Ohio Department of Aging in collaboration with the Scripps Gerontology Center at Miami University. Its purpose is to respond to current and potential problems of quality assurance of in-home service programs. The objectives are to review current quality assurance research and programs; to design and implement a quality assurance program in two sites in Ohio; to evaluate the two pilot programs; and to produce a handbook and conduct a regional conference for agency personnel with responsibilities for quality assurance of in-home care programs.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0178
National Caucus and Center on Black Aged
1424 K Street, N.W., Suite 500
Washington, DC 20005
Increasing Elderly Blacks Accessibility to Older Americans Act Services
Richard Mapp
(202) 637-8400
07/01/86 - 10/31/87 AoA : $ 0 $ 200,000 $ 0

Purpose is to increase elderly Black participation rate in Title III supportive and nutrition services by developing seven model projects. Objectives are: 1) to locate elderly with service needs; 2) innovative service delivery techniques; 3) identification of effective projects for replication; 4) identification of community leaders; and 5) conducting community forums to increase awareness of Older Americans Act services. A 'best practices' community model guidebook will be produced.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0180
Monroe County Office for the Aging
375 Westfall Road
Rochester, NY 14620
Tying It All Together: Enhancing the Planning and Availability of Services for the Elderly
Gary R. Merritt
(716) 428-5940
06/01/86 - 05/31/88 AoA : $ 0 $ 119,927 $ 123,525

This project is a collaborative public/private sector effort to make substantial improvements in information, referral, and service provision for older persons. Systems changes will include: providing accurate information to clients, families, and providers; assistance in negotiating the service system; coordinated planning to determine gaps in the continuum of services and joint action to make the requisite services available to older persons and their family caretakers.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0181
New York City Department for the Aging
2 Lafayette Street
New York, NY 10007
An Intersystem Partnership
Janet S. Sainer
(212) 577-0929
06/01/86 - 05/31/88 AoA : $ 0 $ 164,210 $ 143,829

This project will demonstrate systems change to improve the lives of older Americans through a partnerhsip between an Area Agency on Aging and a Medicaid agency aimed at expanding access to community-based in-home and other long-term care services for poor and near-poor elderly while maximizing the resources of both agencies. Expected outcomes include: 1) a replicable strategy for increasing agency service capability; 2) specific policies for achieving effective collaboration; 3) greater use of existing resources.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0203
Lincoln University
Master of Human Services
Lincoln, PA 19352
Increasing Minority Elderly Participation in Title_III Programs
Mapule Ramashala, Ph.D.
(215) 476-6668
07/01/86 - 12/31/87 AoA : $ 0 $ 199,329 $ 0

This project will develop and implement best practice models and strategies to address low minority participation in Title III and related programs in Pennsylvania. Outcomes expected include: dissemination of a best practices manual developed by the project and increased service utilization of Title III services by minorities.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0216
Asociacion Nacional Pro Personas Mayores
2727 W. 6th Street, Suite 270
Los Angeles, CA 90067
Project ACCESO
Carmela Lacayo
(213) 487-1922
09/30/86 - 05/31/88 AoA : $ 0 $ 200,000 $ 0

Purpose of the project is to increase access to Title III services by rural Hispanic elderly. Expected outcomes include a reverse in the decline in low-income Hispanic participation in Title III, a cadre of community volunteers; and better targeted services. Products will include bilingual radio spots for Title III outreach and a training program for the Aging Network for providing Title III services for rural Hispanic elderly.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0217
Union of Pan Asian Communities and the Council for Minority Aging
1031 - 25th Street
San Diego, CA 92101
Enhancing Services to Minority Elderly - Operational Model
Avis Johnson
(619) 234-8008
07/01/86 - 04/30/88 AoA : $ 0 $ 118,616 $ 0

The goal is to increase Title III program participation in San Diego County and to provide a replication model. Minority Advocacy Aging Groups will be helped to become change agents. Outcomes include: increased minority participation; development of pool of service providers trained to serve minorities and stronger Council for Minority Aging. Products will include: a training manual for senior advocates; model for replication; and a report outlining a method for identifying and assessing the needs of minority elderly subgroups.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0247
Asian Association of Utah
28 E 2100 South #102
Salt Lake City, UT 84115
Increased Access of Asian Elderly to Title_III Programs
Shu Cheng
(801) 486-5987
09/30/86 - 02/28/88 AoA : $ 0 $ 107,000 $ 0

Purpose of project is to increase service access of Asian elderly to Title III services through community education, increased volunteers, transcultural training and service provider collaboration. Product will be a training package for aging service workers.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0249
Central Indiana Council on Aging, Inc.
615 N. Alabama Street, Suite 336
Indianapolis, IN 46204
Project Independence: Living Alternatives for Seniors
Duane Etienne
(317) 633-6191
09/01/86 - 08/31/88 AoA : $ 0 $ 382,500 $ 375,000

Through planning, education, service development and delivery, this project will expand living alternatives for older persons and seek to concretize the system changes necessary to sustain these alternatives. The project focuses on those elderly 75+ who live alone, increases the housing options available to them, and eliminates gaps in community-based services to foster in-home care.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0256
Minnesota Department of Human Services
Refugee Program Office
444 Lafayette Road
St. Paul, MN 55101
Community Social Services for Isolated Southeast Asian Elderly Refugees
Kitaeng Sinakhone
(612) 297-2775
09/30/86 - 02/28/88 AoA : $ 0 $ 164,300 $ 34,869

Project will develop culturally appropriate programs for elderly Asians in four Asian Community Centers. Goal is to reduce isolation and loneliness and to develop a process of integration into Title III and other programs for the elderly. A program delivery model and a behavioral change model will be developed.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0259
United Seniors Consumer Cooperative
1334 G Street, N.W., Suite 500
Washington, DC 20005
Automated Benefits Screening Service For The Aging Network
James P. Firman, Ph.D.
(202) 393-6222
06/01/87 - 12/31/88 AoA : $ 0 $ 0 $ 199,484

United Seniors Consumer Cooperative, in collaboration with six area agencies and four service agencies, proposes to demonstrate and evaluate a service, "Eligibility Check-Up," which assists people to become aware of up to 50 public and private benefits and programs an individual is eligible to participate. T his eligibility check-up will be focused for meeting the needs of the vulnerable elderly and the agencies that serve them. Also, the grantee proposes to 1) produce software and a users manual for oganizations; 2) provide services to 6,000 vulnerable elderly in the D.C. area; 3) conduct an evaluation of benefits and costs; a nd 4) test national dissemination strategies.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0276
Southwestern Connecticut Agency on Aging, Inc.
276 Park Avenue
Bridgeport, CT 06604
Bridge to Health
Edith Serke
(203) 333-9288
09/01/87 - 02/01/89 AoA : $ 0 $ 0 $ 149,139

This project is designed to create a new, more effective system of providing health care services to the hard-to-reach elderly in the city of Bridgeport, utilizing the Bridgeport Community Health Center as apoint of entry. The goals are: to provide a continuum of care for the elderly between hospital-based and community-based services; to develop a coordinated referral system within the elderly health care network; and to evaluate results and encourage replication in other communities.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0279
San Juan Pueblo
P.O. Box 1099
San Juan Pueblo, NM 87566
Community-Based Coordinated and Comprehensive Service Delivery System for Senior Citizens

(505) 852-4516
09/01/87 - 02/28/89 AoA : $ 0 $ 0 $ 150,330

The project will establish a comprehensive and coordinated service delivery system that will focus on the needs of the elderly and their immediate families. This system will incorporate the concepts of "single point of entry to service system" and "family-based case management." The project will also estblish a service volunteer valuation system that will make it possible to "tract" volunteer services provided by individuals or families which would be credited toward the receipt of other services needed by the individuals or family. Both systems would reflect traditional Indian customs of family care and cooperation and would thus be culturally relevant. To ensure the viability of this system, four services (nutrition, transportation, adult daycare, and intergenerational programs) will be initiated as pilots. The outcomes include: decreased dependency on federal or governmental resources, increased self-sufficiency through volunterism, and decreased cost of service delivery through reduction of duplication service delivery functions. Products include: (1) "how-to" pamphlets providing instructions for replicating the project, and (2) a video-cassette describing the project and its activities.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0275
Multnomah County Department of Human Services
Aging Services Divison
426 S.W. Stark
Portland, OR 97204
The Linking Networks Project of the Living at Home Coalition
Jim McConnell
(503) 248-3646
08/01/87 - 11/01/87 AoA : $ 0 $ 0 $ 150,000

The Linking Networks project is the first step towards a fully comprehensive service system that will include services available seven days a week and an active coalition of health and supportive services providers (public and Private) supported by membership dues. This project will demonstrate that a cooperative pooling of service organizations to provide screening, assessment, case management, and supportive services beyond regular business hours can reduce the number of frail elderly who have turned to the community's 24-hour medical emrgency services for non-medical problems. The project will organize a pool of on-call case managers to assess needs and arrange for supportive serfvices for seniors not in need of hospitalization, and create a fund for payment of these services when there are no other resources. The outcomes of the porjet will be an increase in after-hours service providers, an increase in use of cost-effective and appropriate services, and an increase in community service providers wanting to cooperate. Major products will be a working network of serfice providers, protocols and standards, and billing procedures.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0280
New Jersey Department of Community Affairs
Division on Aging
CN 807 363 West State Street
Trenton, NJ 08625-0807
Hospital Emergency Services
Ronald Muzyk
(609) 292-3766
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 71,030

Purpose of project is to improve linkage of services between hospital emergency rooms and county offices on aging in order to provide a continuum of care for older persons. Five hospitals will be involved in this demonstration. Daily emergency roon admissions of people 60 years and older will be reviewed to determine if additional supportive services are necessary. If such services are called for, referrals will be made to appropriate agencies. In-service education programs will be provided to the emergency room staff and a directory of aging services will be made available in emergency room areas and free-standing walk-in clinics. The extent to which coordination has occured between the emergency room staff and community aging services will be evaluated.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0281
New York City Department for the Aging
2 Lafayette Street
New York, NY 10007
Hospital Emergency Services and Linkages to Community Aging Services
Janet S. Sainer
(212) 577-0829
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 174,762

The purpose of the project is to develop a model offormal linkages between hospital emergency rooms and community aging services in order to assist older persons who are not admitted to the hospital but require some support to rturn home. The expected outcomes include: (1) a replicable strategy for linking hospital emergency rooms and aging service systems; (2) reduction in inappropriate hospital admissions; and (3) replicablemethods to identify and aid older persons who use hospital emergency rooms for non-medical reasons. Products include: (1) model of hospital emergency room and community services linkages; (2) case finding and referral tools and criteria; and (3) the instruments to identify elderly emergency room users for non-medical reasons.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0282
St. Alphonsus Regional Medical Center Geriatric Services
1055 North Curtis Road
Boise, ID 83706
Coordination and Access through Hospital Emergency Services
Mark Spofford, Ph.D.
(208) 378-2370
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 173,347

The purpose ofthis project is to integrate case management services in two community-based centrs of senior services with the emergency departments of two Medical Centers. Outcomes include effective and efficient servicesto older people that utilize emergency services; elimination of discontinuity between the health care setting and the community service network; and to help health care professionals be more knowledgeable about the aging services network and the networks value as a resource. Older people utilizing emergencyroom services at the demonstration sites will receive case management, information andreferral services. It is expected that 1,425 older persons over age 60 from 4 counties will be served by this project. A profile of patients served will be developed to aid replication of the project in other hospitals, especially in rural areas.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0285
Eastern Shore Community Group
P.O. Box 8
Onancock, VA 23417
Aging Network Linkages - Improving Linkages between the Community Health Care System, Centers, and Supportive Services
Carolyn D. Rienerth
(804) 787-7373
08/01/87 - 07/31/88 AoA : $ 0 $ 0 $ 132,566

Eastern Shore Community Development Group (Area Agency on Aging) will contract with Eastern Shore Rural Health (Community Health Center) to establish Geriatric Assessment Units in tow medical centers in accomack and Northampton Countries to provide comprehensive care and case management to aging/elderly population. A need for staff iwth gerontology training to be met by employing a Geriatric Physician's Assistant and Nurse Practitio ner to staff units with two Eastern Shore Rural Health physicians. Direct services will be allocated to the 12 community-based organizations of the Long Term Care Community on a time-lease basis to conduct staff inservice training, screening/assessements, individual/group counseling development of peer counseling for seniors, training volunteers, etc., as determined by individual agencies.

Products: Geriatric Assessment Unit, Geriatric Professionals, Training Packages, Exercise Parks for Elderly, Fitness Equipment for Sneiors, Geriatric Peer Counseling, Educational Videos, Linkages and Networking.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0286
Cross Roads of Iowa Area Agency on Aging
1040 Fourth Street
Des Moines, IA 50314
Aging Network Linkages: Utilizing P.E.E.R. Advocates to Link Discharged Medicare Patients with Emergency Health and Community Support
Dorothy Holland
(515) 244-4046
08/01/87 - 11/01/88 AoA : $ 0 $ 0 $ 149,870

The objective of the program is to improve linkages between Des Moines hospitals and both rural and metropolitan community-based organizations providing in-home care. The approach used to accomplish this will be the creative utilization of volunteers for: (1) Timely linkages of discharged Medicare patients with in-home care; (2) Provision of emergency in-home services; (3) Creation and provision of special services for elderly Southeast Asians. Expected outcomes are: (1) Provision of in-home care to isolated elderly not currently being served; (2) Improved health and supportive services for elderly Southeast Asians; (3) Reductions in hospital readmissions of Medicare patients, due to lack of discharge follow-up. Major products will include: (1) A training manual for P.E.E.R. Advocates; (2) A video tape, demonstrating the establishment of a P.E.E.R. Advocate Program; (3) A written manual to accompany the video tape described above; (4) Data demonstrating the effectiveness of linkages between hospitals and community-based organizations providing in-home care.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0283
Community Service Council of Greater Tulsa
1430 South Boulder
Tulsa, OK 74119
Local Consolidation of Resources for the Frail Elderly
Nancy Mumma
(918) 585-5551
08/01/87 - 07/31/89 AoA : $ 0 $ 0 $ 83,904

The project goal is a county-wide system of cost-effective, quality care for functionally-impaired older persons. Project collaborators seek to consolidate the planning, funding, and oversight of the continuum of services for this group. Collaborators are the Area Agency on Aging, State medicaid program, Veterans Administration, city, county and United Way. The project methodology entails developing the systems needed to create andimplement a consolidated case management pilot and an integrated services pilot involving service providers. The project will build on "Best Practice" models. The outcome will be a local management system that pools funding from public and private sources and then contracts with providers that are part of integrated care systems. Examples of products are: model targeting procedures, request for proposals, interagency coordination agreements, performance contracts, quality control procedures, and a management information system software package. Products will be suited to area-wide management of comprehensive care for the frail elderly.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT	FUNDING FY 1985	FY 1986	FY 1987

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0289
West Texas Council of Governments
Area Agency on Aging
123 Pioneer Plaza
El Paso, TX 79901
El Paso Community-Based Long-Term Care Project
Rosemary Castillo
(915) 533-0998
09/01/87 - 08/31/88 AoA : $ 0 $ 0 $ 199,980

The El Paso Community-Based Long Term Care Project will establish and operate a cost effective, quality, community-based long term care program for frail elderly residing in Central El Paso who qualify for nursing home care. This will be accomplished through a comprehensive, consolidated/capitated service system with the control and flexibility required to provide all services needed in a cost effective manner. Outcomes will include: (1) the establishment of a community-based organization targeting services exclusively to the frail vulnerable elderly; (2) facilitation of access to comprehensive services; (3) provision of total care required by this population to remain at home; (4) the prevention of inappropriate or premature institutionalization; and (5) ultimately the reduction of costs for serving the frail elderly. Products will include administrative and service policy and procedure manuals, an extensive computerized database on frail Hispanics and eventually technical assistance will be available to organizations developing similar programs.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0308
Philadelphia Corporation for Aging
111 North Broad Street
Philadelphia, PA 19107
Hospital Emergency Rooms, The Elderly and the Community Aging Network: Making the Connections
Becky Phillips, MSN
(215) 496-0520
09/30/87 - 02/28/89 AoA : $ 0 $ 0 $ 245,850

This project will develop linkages between two hospital emergency rooms, an area agency on aging, a senior center providing emergency home care services and a non-profit healthl management organization coordinating emergency medical services in a large urban city. Emergency room staff will be trained to identify elderly persons who may need non-medical assistance and work with MSWs placed in the emergency room on a 24 hour basis to conduct assessments and develop emergency service plans. In-home emergency services will be provided to needy individuals until normal services can be arranged through lthe Department of Social Services. Evaluation data from hospital records, assessments and care management plans will be used to determine the effectiveness of this intervention.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0309
University of Arizona
Long Term Care Gerontology Center
187 East Elm
Tuscon, AZ 85719
Emergency Medical Services and the Elderly
Ted Koff, EdD
(602) 626-4854
09/30/87 - 02/28/89 AoA : $ 0 $ 0 $ 218,763

The purpose of this project is to demonstrate the use of case workers, working in five hospital emergency settings, to channel frail elderly into the continuum of community-based services. All patients over age 65 discharged to noninstitutional settings will be assessed as to demographics and functional status. The marginally frail will then be thoroughly assessed and randomly assigned to control and test groups. Case managers will direct clients to needed services and assess both groups. Information to be gained include: a comparison of functional status and needs of test and control groups over time. Personnel will be trained to recognize signs of abuse, poor living situations and need for intervention. At the end of the study these personnel will be made aware of community resources available to the elderly to allow channeling to continue.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT — FUNDING
FY 1985 FY 1986 FY 1987

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Research

90AM0253
Special Services for Groups
National Pacific/Asian Resource Center on Aging
2033 6th Avenue, Suite 410, United Airlines Building
Seattle, WA 98121
Key to Access - Creating Inclusive Systems
Louise Kamikawa
(206) 448-0313
09/30/86 - 12/31/87 AoA : $ 0 $ 200,050 $ 0

This project will focus on improving Pacific/Asian participation in Older American Act programs. With the assistance of the National Association of Area Agencies on Aging, local sites will be chosen for obtaining consumer based information regarding non-use or drop in the use of services. It will identify the causal factors in the decline of Pacific/Asian Elderly in Aging programs and will develop policy-oriented strategies for addressing the problem.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Research

90AR0078
Baltimore County Department of Aging
611 Central Avenue
Towson, MD 21204
ROMULAS: Results Oriented Management for Users in Longterm Care and Aging Services
Thomas N. Maze, M.A.
(301) 494-2107
07/01/86 - 06/30/88 AoA : $ 0 $ 142,500 $ 71,250

This project develops, collects and analyzes client outcome data for frail and at-risk elderly persons. It is developing a system to measure the effectiveness of various elderly programs for nearly 3,000 clients served by long-term care services, senior center frail programs and preventive geriatric health programs. The outcomes include 1) a cost-effective measurement system, 2) a set of client outcome indicators, 3) an inter-agency public private partnership model, and 4) a two-year set of preventive geriatric client outcome data.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0312
Samaritan Health Service, Inc.
Good Samaritan Medical Center
1111 East McDowell Road
Phoenix,, AZ 85006
Project S.E.C.U.R.E. (Samaritan Emergency Centers Urgent Response to the Elderly
Georgia Hall, PhD
(602) 239-5844
09/30/87 - 02/28/89 AoA : $ 0 $ 0 $ 47,000

This demonstration project will strengthen linkages between a hospital medical system with four emergency room facilities in metropolitan Phoenix and the local Area Agency on Aging by expanding emergency room screening and assessment of older persons requiring supportive social services to weekends and evening hours. MSW counselors will be on call 24 hours a day to interview older persons who are not admitted to the hospital for medical treatment but are identified by emergency room personnel as individuals who may need in-home health and social support services. Based on an interview, counselors will make a decision to discharge an individual with or without referral to the Area Agency on Aging, or conduct full assessment and provide emergency social services until case management can be obtained.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT FUNDING
FY 1985 FY 1986 FY 1987

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Research

90AR0103
Jewish Federation Council of Greater Los Angeles
6505 Wilshire Boulevard
Los Angeles, CA 90048
Community Based and In-Home Services for the Frail Elderly - A Cooperative Cities Program
Saul Andron, Ph.D.
(213) 852-1234
08/01/86 - 07/31/89 AoA : $ 0 $ 46,550 $ 60,000
OPPL : $ 0 $ 0 $ 80,000

Purpose of this project is the transfer of international innovations between Israel and the United States. The cities of Los Angeles and Jerusalem will be linked in a series of exchanges concerning long term care for the frail and economically disadvantaged elderly. Joint seminars, workshops and meetings will be held. Delegations will be exchanged for study visits. Project should result in joint planning and demonstration projects; testing of effective service delivery models and a practice guide focusing on community-based service delivery.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Research

90AR0106
American Public Welfare Association
Research and Demonstration Department
1125 15th Street, N.W.
Washington,, DC 20005
Assessment of the Relationship between Social Services for Elderly Provided through Title III of OAA and Social Services Block Grant
Toshio Tatara, Ph.D.
(202) 293-7550
08/01/87 - 12/31/88 AoA : $ 0 $ 0 $ 199,079

The purpose of the study is to assess the relationship between social services for the elderly provided through Title III of the Older Americans Act and through the Social Services Block Grant (SSBG) Program, particularly at the local service delivery level. The project will be conducted in three phases: (1) a National survey of State agencies; (2) a survey of local agencies in 20 to 30 localities; (3) an in depth, on-site study of local agencies in five localities. The findings are expected to help policy-makers at the State and local levels in their efforts to improve targeting, cost control, and agency management of social services to the elderly.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Technical Assistance

90AM0151
National Association of State Units on Aging
2033 K Street, N.W.
Washington, DC 20006
Effective Utilization of Corporate Human Resources in State Social Service Systems
Theresa Lambert
(202) 785-0707
06/28/85 - 12/31/88 AoA : $ 153,808 $ 124,392 $ 222,155

The purpose of this project is to enhance the efficiency and effectiveness of State aging service systems through increased collaboration between State Units on Aging and private business. The results of the implementation stage of the collaborative SUA/corporation efforts will be assessed, documented, and disseminated to the human service and business sectors through publications, workshops, forums, and technical assistance from NASUA and the Washington-Business Group on Health. Products to be developed: 1) State Agency Assessment Guide, 2) Inventory of Corporation of Human Service Programs, and 3) A Guide to State-Corporate Collaboration.

The additional scope of work will build on the current project by providing State aging systems a ready resource or pool of best practice models upon which to draw for systems change. By providing detailed profiles of models of excellence, State aging systems will have access to essential knowledge as well as peer consultation for adapting models to local needs. Further, through an effective education and media campaign, State and local leadership will be motivated to involve new public and private sector entities, while looking at ways of improving their own system.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT — FUNDING
FY 1985 — FY 1986 — FY 1987

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Technical Assistance

90AM0295
National Indian Council on Aging
P.O. Box 2088
Albuquerque, NM 87103
Developing Community-Based Services For Indian ELders
Curtis Cook
(505) 242-9505
09/30/87 - 08/31/88 AoA : $ 0 $ 0 $ 200,000

This project will foster the development of responsive and coordinated community based service systems in five areas: It will: 1) provide informational materials on the Indian elderly to State and Area Agencies on Aging; 2) conduct seminars in five locations in order to open dialogue between State and federal agencies, service providers, and tribal organizations; 3) train tribal service providers in gerontology; and 4) conduct a national conference of State, federal, tribal officials, service providers and elders to discuss improvements in service systems.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Technical Assistance

90AM0310
National Association of State Units on Aging
2033 K Street, N.W., Suite 304
Washington, DC 20036
Building Comprehensive and Coordinated Systems of Services for the Elderly: Acknowledging Community Achievements
Theresa Lambert
(202) 785-0707
09/30/87 - 09/29/88 AoA : $ 0 $ 0 $ 135,285

This project will assist states in their efforts to encourage local leaders to improve existing service systems using the community achievement award recipients as examples, and providing recognition to the leadership of the selected states and communities. This will be done by means of the following:

1. Production of a National Case Study document deriving out of a survey of all selected commuinities, and utilizes a survey instrument and interview periodical developed by the grantee.
2. Production of a descriptive brochure providing information on each CAA recipient. The brochure and the case study will be disseminated to State Agencies on Aging, Area Agencies, local community leaders, National Aging Organizations, key congressional staff, and others.
3. A formal recognition ceremony in D.C. honoring State and local officials of the award winning communities, with press coverage and local press releases.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Technical Assistance

90AM0294
Special Services for Groups
National Pacific/Asian Resource Center on Aging
1313 West 8th Street, Suite 201
Los Angeles, CA 90017
Services to Pacific/Asian Elderly: Mobilizing Resources for Redirection and Realignment
Louise Kamikawa
(206) 448-0313
09/30/87 - 08/31/83 AoA : $ 0 $ 0 $ 199,979

This is a technical assistance and training project. Project goals are: 1) to increase Pacific/Asian participation in Older American Act programs and 2) to impact the efforts of service delivery systems in reaching this community specific objectives include: 1) technical assistance to Area Agencies on Aging 2) acting as a conduit for information; 3) producing educational and other materials regarding service delivery models; 4) promote placement of interns in Area Agencies on Aging; 5) Producing materials on Pacific/Asian elderly to be disseminated to Area Agencies on Aging.

ACTIVE GRANTS
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PROJECT	FUNDING FY 1985	FY 1986	FY 1987

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Training

02AD0001
Puerto Rico Department of Social Services
Community and Family Development Program
Box 11398
San Juan, PR 00901
Intergenerational Project For Youth to Provide Assistance to the Elderly
Otto Berdiel
(809) 722-4798
10/01/87 - 02/28/89 AoA : $ 0 $ 0 $ 49,962

This project involves the development of a volunteer youth program to help the elderly who need assistance with activities of daily living. It is designed primarily to promote the independence of the vulneralbe eldery. Other objectives include the following: 1) foster greater intergenerational interaction between the 200 young volunteers and the 70 elderly individuals and 2) utilize intergenerational interaction on a one-on-one basis to improve attitudes; reduce prejudice, and increase mutual awareness between the two groups.

Anticipated outcomes include the following: 1) a cost effective model to help vulnerable elderly remain independent; 2) improved satisfaction with intergenerational interaction--namely a reduction in mutual age prejudice and an increase in positive attitudes; and 3) an increased awareness of the other age group's needs.

ELDER ABUSE
Demonstration

90AM0204
University of Delaware
College of Human Resources
Newark, DE 19716
Statewide Elder Abuse Prevention Efforts
Suzanne Steinmetz, Ph.D.
(302) 451-2940
06/30/86 - 06/30/88 AoA : $ 0 $ 123,761 $ 120,482

To increase public awareness regarding elder abuse through public service announcements. To increase knowledge of police, social service and medical personnel through training conducted by Delaware Division of Aging trainer, using training modules developed by University of Delaware. To develop three training videotapes with pamphlets to improve informal caregivers' capabilities. To facilitate work of researchers, educators, clinicians and policy-makers, distribute five issues nationwide of bulletin listing resources contained in data archival/retrieval system: 'Clearinghouse on Abuse and Neglect of the Elderly,' funded by Delaware Division of Aging.

ELDER ABUSE
Demonstration

90AM0205
CARIE-Coalition of Advocates for Rights of Infirm Elderly
1315 Walnut Street, Suite 1310
Philadelphia, PA 19107
Statewide Collaborative Effort to Prevent Elder Abuse
Janice Fiegener
(215) 545-5728
06/30/86 - 06/30/88 AoA : $ 0 $ 150,000 $ 150,000

The Philadelphia Elder Abuse Task Force Model will be replicated Statewide to develop collaborative efforts to implement a Statewide public education campaign to recognize and prevent elder abuse. Grantee will present 5 regional workshops to share information, review existing services, and recommend methods to integrate services. The 5 regional workgroup chairpersons will act as a steering committee to coordinate the project. Expected products are manual and training sessions for health, law enforcement and human service professionals.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT FUNDING
FY 1985 FY 1986 FY 1987

ELDER ABUSE
Demonstration

90AM0206
Texas Department of Human Services
P.O. Box 2960
Austin, TX 78769
Collaborative Elder Abuse Prevention Project
Kent Bummerman
(512) 450-3743
06/30/86 - 06/29/88 AoA : $ 0 $ 150,000 $ 150,000

To prevent elder abuse, (1) develop Statewide public education campaign to create public awareness; (2) develop Statewide structure for achieving coordinated service delivery system for abused older persons; and (3) develop Statewide cross-organization comprehensive long-range (6 to 10 years) plan for prevention of elder abuse in Texas. The project's executive steering committee will establish State-level work groups to accomplish project tasks.

ELDER ABUSE
Demonstration

90AM0207
National Association of State Units on Aging
2033 K Street, N.W., Suite 304
Washington, DC 20036
Franchising Best Practice in Elder Abuse Program Management
Robert Ficke,
(202) 785-0707
06/30/86 - 06/30/88 AoA : $ 0 $ 72,160 $ 148,047
OTHER: $ 0 $ 75,000 $ 0

To develop professional awareness and competencies in the management of programs to combat elder abuse, the National Association of State Units on Aging, together with the American Public Welfare Association will develop 'best practice' user manuals to disseminate to State Units on Aging, Area Agencies on Aging, and Adult Protection Agencies. The grantees will also conduct four regionally based workshops and three telephone conferences for State staff, convene a national symposium and disseminate the proceedings.

ELDER ABUSE
Demonstration

90AM0208
Mount Zion Hospital & Medical Center
P.O. Box 7921
San Francisco, CA 94120
Technical Assistance to State of California's Model Projects in Elder Abuse Prevention
Marjorie Ginsburg
(415) 885-7807
06/30/86 - 09/30/88 AoA : $ 0 $ 110,883 $ 78,247

This project will provide comprehensive technical assistance to five State selected Adult Protective Services Agencies in California to develop local model projects to provide elder abuse prevention and follow-up services. It will also conduct skills development workshops and regional training conferences for approximately 1,800 service providers and technical assistance to an additional 10 protective service programs.

ACTIVE GRANTS
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PROJECT	FUNDING FY 1985	FY 1986	FY 1987

ELDER ABUSE
Demonstration

90AM0210
North Carolina Department of Human Resources
325 North Salisbury Street
Raleigh, NC 27611
Protective Services for Abused Elderly
Beth Barnes
(919) 733-3818
06/30/86 - 09/30/88 AoA : $ 0 $ 150,000 $ 150,000

Will develop Statewide a coordinated community elder abuse prevention and services program. Develop and field test in five counties a public education campaign which includes guidelines for use with local media. Develop multidisciplinary consultation teams to respond to clients' needs in 15 counties. Provide training to 10-20 trainers who will train 500 service providers in elder abuse client assessment and follow-up. Provide technical assistance to 21 county Social Services Departments. - Products will include a curriculum for training human services professionals.

ELDER ABUSE
Demonstration

90AM0214
Yakima Indian Nation
P.O. Box 151
Toppenish, WA 98948
Prevention of Tribal Elder Abuse
LaRena Sohappy
(509) 865-5121
06/30/86 - 06/30/88 AoA : $ 0 $ 101,756 $ 98,256

To create public awareness and professional competency in providing services related to Tribal elder abuse, grantee will develop a manual for service providers based on training materials utilized at workshops for State/Tribal/federal service providers; and will develop videotapes for an intended audience of the Indian Nation's citizens at large, will prepare an analysis of Yakima Tribal law related to elder abuse and draft model Tribal code revisions for adoption by Yakima Tribal Council.

ELDER ABUSE
Demonstration

90AM0209
University of Alabama
College of Community Health Sciences
P.O. Box 6291
University, AL 35486
Statewide Elder Abuse Prevention Training Program
Lorin Baumhover, Ph.D.
(205) 348-1345
06/30/86 - 06/30/88 AoA : $ 0 $ 134,154 $ 144,993

Grantee will implement Statewide network in which cases of elder abuse, being investigated or prosecuted, will be referred to a community mental health center for clinical follow-up. Client will be involved in a clinical trial involving elder abuse/neglect intervention model. Focus of project is on abusor. Effects of program will be measured by the following outcomes: changes in (1) caretaking skills, (2) stress level of caretaker, (3) knowledge of physical and psychological changes with aging, (4) home care situation, and (5) reports of recurrent abusive episodes.

The grantee will demonstrate a model for elder abuse prevention. The principal agencies collaborating are five community health centers and Statewide and local agencies involved in identifying and treating elder abuse. Local service agencies refer "at risk" caregivers to the community mental health centers for "intervention" training. The "at risk" caregivers are involved in a comparative outcome clinical trial. Key features of the research design are an immediate training group, a delayed treatment group, and a community control group of adequate caregivers at each of the five centers. Outcomes of the project are: tested intervention model to prevent elder abuse; a manual describing the training modules; and policy recommendations.

ACTIVE GRANTS
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PROJECT		FUNDING FY 1985	FY 1986	FY 1987

ELDER ABUSE
Demonstration

90AM0215
Wisconsin Department of Health & Social Services
Division of Community Services
P.O. Box 7851
Madison, WI 53707
Wisconsin's Collaborative Prevention of Elder Abuse
Jane Raymond
(608) 266-2568

06/30/86 - 06/30/88	AoA :	$ 0	$ 140,000	$ 150,000

The State Office on Aging is working with five other sponsors: the State Adult Protective Services Office, State Elder Abuse Task Force, Great Lakes Inter-Tribal Council, and the Milwaukee and Southern Area Agencies on Aging; in four locations: Dane and Milwaukee Counties, a tribal site and at the State Office. Will develop and implement collaborative public education campaign and professional education programs, multidisciplinary teams, and Senior Advocacy Volunteer programs to prevent and provide services for elder abuse victims and families.

ELDER ABUSE
Demonstration

90AM0272
InterTribal Council of Arizona
Area Agency on Aging
124 West Thomas Road, Ste. 201
Phoenix, AZ 85013
Protecting Tribal Elderly from Abuse, Neglect, and Exploitation
John Lewis
(602) 248-0071

09/01/87 - 08/31/89	AoA :	$ 0	$ 0	$ 82,060

Project will implement a coordinated approach to the identification and prevention of elder abuse. Project objectives are to develop model procedures for the provision of protective services, including Tribal codes, operational procedures, and interagency agreements. Outcomes will include a data base regarding abuse of Indian elders, trained tribal staff, procedures for preventing elder abuse and public awareness materials. Major products will include a model tribal legal code, operational procedures, 110 trained tribal staff and public information materials.

EMPLOYMENT/INCOME SECURITY
Demonstration

90AM0245
American Association for International Aging
1511 K Street, N.W., Suite 443
Washington, DC 20005
Income Generating Projects for the Elderly
Helen Kerschner, PhD
(202) 638-6815

07/01/86 - 06/30/89	AoA :	$ 0	$ 108,263	$ 107,851
	OPPL :	$ 0	$ 0	$ 143,916

Major objective of the project is to find innovative income-generating programs for the elderly in the U.S. and other countries which can be adapted to the U.S. Five demonstration sites will be established and evaluated. Products will include 1) a data base of domestic and international income-generating projects for the aging; 2) reports on particularly innovative income-generating programs; 3) training materials (both written and visual) on how these projects operate and how they can be replicated.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT
FUNDING
FY 1985 FY 1986 FY 1987

EMPLOYMENT/INCOME SECURITY
Research

90AR0108
Brandeis University
Policy Center on Aging, Heller School
415 South Street
Waltham, MA 02254
Increasing Self-Sufficiency and Self-Esteem in Old Age through Employment: The Japanese Experience
James Schulz, Ph.D.
(617) 736-3860
09/01/87 - 08/31/88 AoA : $ 0 $ 0 $ 37,085

The project will provide an overview and assessment of services, centers, and programs in Japan that are designed to assist older workers in obtaining employment. More specifically it will provide policymakers, employers, and planners with transferrable information on innovative Japanese practices used to assist older persons desiring employment. The project will focus on information that can be used in modifying American programs that seek through paid and unpaid employment to increase the self-sufficiency and self-esteem of older Americans. It is proposed to undertake three major tasks: (1) A review of Japanese work and retirement policies as they have developed during the post-World War II period; (2) A review and synthesis of the Japanese experience with programs designed to assist in and promote employment opportunities for older workers; and (3) An in-depth study of the "Silver Manpower Centers Program" in Japan. The project will make available to persons in the United States for the first time extensive and timely information on the vast Japanese experience and unique practice in this area.

HEALTH CARE/SERVICES - MENTAL
Demonstration

07AM0130
Kirkwood Community College/Heritage Agency on Aging
6301 Kirkwood Boulevard, S.W.
Cedar Rapids, IA 52406
Evaluation of a Rural Geriatric Mental Health Program
Kathleen C. Buckwalter, Ph.D.
(319) 398-5559
06/01/86 - 05/31/88 AoA : $ 0 $ 150,000 $ 150,000

This project will implement and evaluate a model program to deliver mental health services to the rural elderly. Older individuals in need of mental health care will be identified through such outreach approaches as screening at congregate meal sites and the use of non-traditional referral sources (e.g. rural mail carriers). Services will be made available through existing facilities or at other more accessible treatment sites (e.g. in-home).

HEALTH CARE/SERVICES - MENTAL
Information Dissemination/Public Education

90AM0169
Michigan Office of Services to the Aging
P.O. Box 30026
Lansing, MI 48909
Innovative Model to Improve Mental Health Services for Older Adults
Sally C. Grady
(517) 373-8810
06/01/86 - 01/31/88 AoA : $ 0 $ 73,544 $ 0

This project will disseminate the innovative methods of the Building Ties Project, a mental health and aging interagency planning model. Under State Agency on Aging and Mental Health Agency auspices, the cooperative planning and service delivery system developed in Michigan will be replicated in nine (9) other States. Key features of the Building Ties Model are local interagency committees, State consultation and training, improvement in the accessibility, availability, responsiveness, and cost-effectiveness of mental health services for the aging.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT FUNDING
FY 1985 FY 1986 FY 1987

HEALTH CARE/SERVICES - PHYSICAL
Demonstration

90AM0139
Florida Department of Health and Rehabilitative Services
Aging and Adult Services Program
1323 Winewood Boulevard
Tallahassee, FL 32301
State Veterans Administration (VA) Long_Term Care for Medically Dependent Frail Elderly
Dawn Pollock
(904) 488-2881
06/28/85 - 06/27/88 AoA : $ 104,017 $ 104,017 $ 104,017

Utilizing two sites, Miami (Dade County) and rural Marion-Citrus Counties, this project will demonstrate interagency cooperation between the Department of Health and Rehabilitative Services (HRS) and the Veterans Administration (VA). The project will offer frail elderly persons a low cost alternative to nursing home care by provision of medical case management through nurses, and caregiver training to enable the frail elderly to remain at home. Further, curriculum development for the furtherance of gerontology training of both HRS and VA staff will be a primary objective of the project. An assessment instrument focused on caregivers will also be produced based on the collective experience of HRS and VA personnel.

HEALTH CARE/SERVICES - PHYSICAL
Demonstration

90AM0284
Home of Mercy for the Aged, Inc.
P.O. Box 215
Juncos, PR 00666
Reach and Serve Vulnerable Elderly to Minimize Institutionalization
Jose Lopez
(809) 734-0274
08/01/87 - 11/01/88 AoA : $ 0 $ 0 $ 199,531
Home of Mercy for the Aged, Inc. 1.3H

This is an alternative approach to provide functionally impaired elderly in rural settings with accessible services to prevent institutionalization. The objectives are to: 1) develop a demonstration project designed to promote independence and rehabilitation of rural vulnerable elderly by identifying them through an outreach clinic, giving them a continuum of care using community resources in three rural towns in Puerto Rico; 2) identify 50 elderly per week during 40 weeks through an outreach effort, and provide comprehensive long-term care to 80% of identified elderly; 3) 75% of identified elderly receiving services will be living in their homes. Outcomes: 1) tested service delivery mechanism for rural functionally impaired elderly using community resources for replication; 2) decreased burden on public health system from unnecessary institutionalization; 3) establishment of a service referral system 4) establishment of permanent service network for vulnerable elderly; 5) improved coordination between public/private sectors for service delivery to aged; 6) norms and procedures manual for similar projects.

HEALTH CARE/SERVICES - PHYSICAL
Demonstration

90AM0292
Rhode Island Department of Elder Affairs
79 Washington Street
Providence, RI 02903
Rhode Island Health Care Partnership Program
Kathleen L. McKeon
(401) 277-2858
08/01/87 - 12/31/88 AoA : $ 0 $ 0 $ 150,000

This project will develop and implement a new partnership between the State Agency on Aging, Hospitals, and Community Health Centers whose overall objective is to increase effective service for vulnerable older persons. Corollary objectives are to: demonstrate a model of hospital-based, post-discharge support for older persons at risk of institutionalization; test a model of primary health care provided under the auspices of community Health_Center in a multipurpose Senior Center Geriatric Clinic.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT	FUNDING FY 1985	FY 1986	FY 1987

HEALTH PROMOTION/HEALTH EDUCATION
Demonstration

07AM0321
Lincoln Area Agency on Aging
129 North 10th Street, Room 116
Lincoln, NE 68508
Disease Prevention and Consumer Health Education for Older Persons
Steven R. Beal
(402) 471-7800
08/01/86 - 07/31/88 AoA : $ 0 $ 104,589 $ 112,959

This project will encompass health awareness and educational activities, health behavior assessments, lifestyle change agreements, and classes in physical fitness, nutrition and stress management. It is a joint effort, combining the resources of the Lincoln Area Agency on Aging, the Lincoln-Lancaster County Health Department, and the local Older Adult Health Promotion Coalition. The project will achieve systems change aimed at improving the health and lifestyles of older persons.

HEALTH PROMOTION/HEALTH EDUCATION
Demonstration

90AM0261
American Foundation for the Blind
15 West 16th Street
New York, NY 10011
A Training Model to Teach Community Outreach Workers To Train Elderly Blind & Visually Impaired American Indians
Alberta Orr
(212) 620-2000
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 193,788

Two hundred (200) Community Health Representatives (CHRs) of the Indian Health Service will be trained in adaptive independent living skills which they will then teach to blind and visually impaired elderly Indians in order to insure physical and psychological independent functioning and to prevent premature institutionalization. Five week-long training sessions will be held and pre and post training assessments will be made of the CHRs. A training model will be developed and disseminated nationwide.

HEALTH CARE/SERVICES - PHYSICAL
Training

90AT0327
University of New Mexico
School of Medicine
Albuquerque, NM 87131
Continuing Education and Training for Providers of Health Care for New Mexico Elderly
Robert Thompson, M.D.
(505) 277-2165
11/01/86 - 03/31/88 AoA : $ 0 $ 184,319 $ 0

The project will conduct two multi-disciplinary sessions to New Mexico's physicians, nurse practitioners, nurses; and pharmacists. To increase the number of professionals who are adequately prepared to give services to the elderly, training will be provided which provides information on normal aging, problem specific health related issues commonly experienced by the elderly, health promotion in the elderly, and proper physiological, psychosocial, and functional assessment of the elderly. The course will be packaged in a modular format, offered for self-instructional correspondence use, and will be conducted in collaboration with the New Mexico State Agency on Aging.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT	FUNDING FY 1985	FY 1986	FY 1987

HEALTH PROMOTION/HEALTH EDUCATION
Information Dissemination/Public Education

90AM0099
National Council on the Aging
National Voluntary Organizations for Independent Living
600 Maryland Avenue, S.W., West Wing 100
Washington, DC 20024
Wellness Year Round Involving Voluntary Organizations in Health
Lorraine Lidoff
(202) 479-1200
09/30/84 - 09/30/88 AoA : $ 25,946 $ 103,440 $ 0

The overall purpose of this grant has been to involve national voluntary organizations (NVO's) and their affiliates in expanding upon and institutionalizing health promotion activities in community group settings serving older persons. The project builds upon the existing commitment and resources of NVO's with current or potential interests in health and/or group programs for older adults. Project products are focused on establishing a process within community senior groups which brings the resources and expertise of local affiliates to bear on health programming for older people in a more coordinated manner. In addition, the process will expand NVO's level of effort vis-a-vis promoting older people's health and ultimately improve the skills of older persons to better maintain health and manage chronic conditions that impact on their well-being and independence.

HEALTH PROMOTION/HEALTH EDUCATION
Information Dissemination/Public Education

90AM0248
Florida Department of Highway Safety and Motor Vehicles
Division of Florida Highway Patrol
Neil Kirkman Building
Tallahassee, FL 32399-0554
Motor Vehicle and Pedestrian Safety for Aging in Florida
Mary Anne McMullen
(904) 488-3195
09/15/87 - 02/14/89 AoA : $ 0 $ 0 $ 145,150

This project will conduct a Statewide campaign which addresses the need for public education and awareness of the implications of advancing age and its relationship to driver and pedestrian safety. The campaign, which will be targeted to older persons as well as the general public will utilize a multimedia approach including print materials in Spanish and English, public service announcements, close captioned videotapes and public information packages.

The major outcomes will be increased public awareness of pedestrian and motor vehicle safety and increased participation in AARP's "55 Alive" driver education program. The major products will be public information materials for use by the Florida Highway Patrol and volunteer and other organizations.

HEALTH PROMOTION/HEALTH EDUCATION
Training

06AG0371
Grambling State University
Department of Sociology
Box 904
New Orleans, LA 71245
Elder - Youth Exchange of Services
V.T. Samuel, Ph.D.
(318) 274-2235
09/01/87 - 09/30/88 AoA : $ 0 $ 0 $ 45,204

This is a model exchange program designed to coordinate activities to benefit the elderly and youth. The project will estblish linkages between two generations. With the cooperation and collaboration of the AAA, local schools, universities, churches, etc., eight seminars on parenting skills between 16 senior citizens and 20 adolescent parents will be conducted. These services are designed to result in the successfol adjustment of the adolescent to the parenting role and in positive child rearing practices. Also, 15-20 youths will assist the homebound elderly with home maintenance chores, shopping and recreational and religious activities.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT — FUNDING FY 1985 — FY 1986 — FY 1987

HEALTH PROMOTION - DENTAL
Demonstration

90AT0187
University of Colorado
Health Sciences Center - School of Dentistry
4200 East Ninth Avenue, Box B-284
Denver, CO 80262
Statewide Planning for Dental Care for the Elderly
Beverley Entwistle, RDHMPH
(303) 394-8015
07/01/86 - 05/30/88 AoA : $ 0 $ 164,114 $ 35,281

This project will develop and implement Statewide plans to improve dental health care for the elderly. Through the Colorado School of Dentistry, steering committees will be organized for Colorado, Utah, Wyoming and Montana to bring together representatives from professional organizations, dental hygiene schools, State health departments, State units on aging and Area Health Education Centers. These teams will identify dental needs of the elderly, barriers to meeting needs, continuing education needs for dentists and hygienists, goals for meeting needs, methods, resources and responsible persons. Outcomes will be Statewide continuing education and Statewide plans which can be developed in other States.

HEALTH PROMOTION - DENTAL
Information Dissemination/Public Education

90AT0344
University of Washington
School of Dentistry, SB-24
Seattle, WA 98195
Statewide Oral Health Promotion Campaign for Washington's Elderly
H. Asuman Kiyak, Ph.D.
(206) 543-5197
08/01/87 - 10/31/88 AoA : $ 0 $ 0 $ 149,700

The project will conduct a Statewide oral health promotion campaign to educate olderpersons and their caregivers in community and nursing home settings about the value of oral health care. Health educators and dentists will work throughthe State Office of Aging and Adult Services, the 13 Area Agencies, the Washington Dental Association and the Washington Health Care Association to contact and work directly with older people and their caregivers to teach behaviors and attitudes which will leqd to improved dental health practices, recognition of symptoms of oral disease and knowledge of how to secure resources in the community.

HEALTH PROMOTION - DENTAL
Information Dissemination/Public Education

90AT0354
Western Consortium for the Health Professions, Inc.
703 Market Street
San Francisco, CA 94103
California Geriatric Dental Health Promotion
Robert Isman, D.D.S.
(916) 322-4933
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 140,167

This project will provide oral health assessments to older perople, educate older people in dental hygiene and prepare dental and other health professionals to meet the oral health needs of older people. Two existing State newtworks will be utilized. The Preventive Health Care for the Aging (PHCA) Programs will train 48 nurses to provide oral health assessments and dental health education to approximately 18,000 seniors at nutrition sites, senior centers and senior housing projects in 20 planning and service areas. The Children's Dental Disease Prevention Program in six counties will recruit and train volunteer dentists, hygienists and retired people to conduct dental health education sessions at sites where older people congregate. Other activities include production of written and audio visual materials for health promotion, coordination with dental professionals, and three workshops on aging and dental health for dental professionls, PHCA nursing and aging network representatives. A sample of PHCA clients will be examined to determine the effect of the training on identification and treatment of oral health problems and clients' knowledge and attitudes about preventive dental practices.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT FUNDING
FY 1985 FY 1986 FY 1987

HEALTH PROMOTION - DENTAL
Training

90AT0301
Pennsylvania College of Optometry
Department of External Clinical Programs
1200 West Godfrey Avenue
Philadelphia, PA 19141
Statewide Short_Term Training on 'Vision and Aging'
Sheree J. Aston, O.D.
(215) 276-6280
09/01/86 - 12/31/87 AoA : $ 0 $ 99,327 $ 0

Develop and conduct in-service training workshops in 'Vision and Aging'. Will train 100 optometrists in Optometric Gerontology and 100 long term care personnel in vision and aging who will, in turn, train 2000 other LTC professionals in the provision of services to the visually impaired. LTC personnel will include Nursing Home Administrators, Occupational Therapists, Physical Therapists, Social Workers, Nurses and others. Eight workshops to be conducted in four locations throughout the State of Pennsylvania.Products include a workshop manual for use with optometrists and another for training of LTC professionals.

HEALTH PROMOTION - DENTAL
Training

90AT0330
University of California, Los Angeles
Department of Medicine/Geriatrics
405 Hilgard Avenue
Los Angeles, CA 90024
Training and Continuing Education For CA Hospital Discharge Planners
John Beck, MD
(213) 825-8255
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 149,995

This project will provide training to hospital discharge planners (HDPS) to increase the effectiveness of discharge planning, improve quality of patient care, and enhance appropriate utilization of resources. The project will initially train 200 HDPS who, in turn, will train another 800 HDPS at their home institutions. The project will: (1) conduct needs assessment of HDPS in 581 California hospitals; (2) increase knowledge and skills of HDPS; (3) produce two syllabi and discharge planning educational kits; (4) provide on-going T.A. to trainers; (5) produce four journal articles; and (6) link HDPS with community resources and service providers.

HEALTH PROMOTION - DENTAL
Technical Assistance

90AT0328
American Association of Dental Schools
1625 Massachusetts Avenue, N.W.
Washington, DC 20036
Expanding and Improving the Predoctoral Curricula in Geriatrics in U.S. Dental Society
Mercedes Bern
(202) 667-9433
08/01/87 - 11/30/88 AoA : $ 0 $ 0 $ 144,578

The purpose of the project is to improve geriatric education provided by U.S. dental schools. The project will complete revision of AADS curriculum guidelines in geriatric dentistry, produce a resource package for faculty to use in implementing the guidelines, and present the resource material, with technical assistance as needed, to dental faculty through a series of regional workshops. Faculty will be assisted to implement the curriculum changes appropriate for their institutions. Articles about this project will be prepared for the Journal of Dental Education, The Journal of the American Dental Association and other dentistry publications.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT	FUNDING FY 1985	FY 1986	FY 1987

HEALTH PROMOTION - DENTAL
Training

90AT0332
University of Iowa
Department of Preventive and Community Dentistry
Dental Science Building
Iowa City, IA 52242
Oral Health Training and Referral Program for the Elderly
Henrietta Logan, Ph.D.
(319) 335-7184
09/01/87 - 12/31/88 AoA : $ 0 $ 0 $ 149,802

The project develops awareness of the dental needs of the frail elderly among professional caregivers. The projct will identify and develop materials tailored for theuse of the Visiting Nurse Association, Public Health Nursing Bureau, and Homemaker-Health Aide and implement aprogram to train caregivers of these organizations to provide oral health care for their elderly clients. Trainees will learn to identify oral health neds, teach care and preventive techniques to their clients and family caregivers and refer clients for dental tratment.

HEALTH PROMOTION - DENTAL
Training

90AT0333
University of Missouri
Office of Research Administration
5100 Rockhill Road
Kansas City, MO 64110
Missouri Geriatric Oral Health Training and Promotion Program
Harvey Carlson, D.D.S.
(816) 276-2012
09/01/87 - 01/31/88 AoA : $ 0 $ 0 $ 94,382

The project will 1) integrate geriatric dental knowledge into the curriculum of the dental and dental hygiene programs in the University of Missouri-Kansas City School of Dentistry; 2) establish a Statewide network of 340 trained dentists, hygienists and non-dental professionals to serve as geriatric consultants and dental care providers; and 3) disseminate materials or oral health care to agencies, long-term care facilities, and older adul t populations. Area Agencies will be focal dental health screening and for distribution of taining materials. Project will be replicated throughout Kansas.

HEALTH PROMOTION - DENTAL
Training

90AT0334
Middlesex Community College
Divison of Community Services
P.O. Box T
Bedford, MA 01730
Project SMILE: Curricula Development and Training of Dental Care Practitioners and Others
Barbara Sherman
(617) 275-8910
09/30/87 - 02/28/89 AoA : $ 0 $ 0 $ 78,133

In conjunction with the college gerontology center and the nearby VA geriatric dental program, the project will increase dental health awareness among older people and health professionals through: 1) training dentists, hygienists and assistants in geriatric dental skills and understanding; 2) training dental health faculty in two year colleges to incorporate geriatric dental care curricula into their programs; 3) training nursing home and ombudsman program staff on providing dental care; and 4) training 15-20 older volunteers to promote dental health among older people.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT FUNDING
FY 1985 FY 1986 FY 1987

HEALTH PROMOTION - DENTAL
Training

90AT0337
Arizona Department of Health
Division of Family Service, Office of Dental Health
1740 West Adams, Room 303
Phoenix, AZ 85007
Statewide Dental Health Promotion and Education for the Elderly in Arizona
Jack Dillenberg, DDSMPH
(602) 255-1866
09/01/87 - 08/31/88 AoA : $ 0 $ 0 $ 137,685

The project will train dental auxiliaries and other health workers to provide oral health care to homebound older persons; de velop a Statewide public education program on oral health maintenance; and conduct continuating education workshops in geriatric dental care in three regions of the State for dentists, hygienists, dental assistants, technicians, visiting nurses, and Social Workers/case managers.

HEALTH PROMOTION - DENTAL
Training

90AT0349
University of Mississippi Medical Center
School of Dentistry
2500 North State Street
Jackson, MS 39216
Expanding the Role of Physicians in Oral Health Promotion for the Elderly
Ames Tryon, D.D.S.
(601) 984-6060
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 135,736

The project will provide training in roal health assessment, problem identification, patient education and referral for elderly patients to a group of 40 family practitioners. Trainees will receive classroom instructiona/and one-on-one training, using a model curiculum sonsisting of videotapes, study guides, training manuals, patient education brochures and model referral system. The impact of the program will be evaluated by coparing baseline findings from each participant's paractice with post training studies.

HEALTH PROMOTION - DENTAL
Training

90AT0336
University of Kentucky
Research Foundation
105 Kinkead Hall
Lexington, KY 40506
Oral Health Care Strategies for Family Caregivers in Appalachia
Stanley Saxe, D.M.D.
(606) 233-6384
08/01/87 - 12/31/88 AoA : $ 0 $ 0 $ 149,915

This project will train family caregivers to provide oral health maintenance and cope with oral problems of homebound victims of arthritis, stroke, Parkinson's Disese and Alzheimer's Disease. Sites are in Kentucky, Tennessee and West Virginia. Older volunteers will be recruited to help develop and evaluate instructional materials, videotapes and printed modules for family caregivers. Retired dentists will be recruited as volunteer educators for family caregivers.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT — FUNDING
FY 1985 FY 1986 FY 1987

HEALTH PROMOTION - MENTAL HEALTH
Information Dissemination/Public Education

90AM0299
Asociacion Nacional Pro Personas Mayores
2727 West Sixth Street, Suite 270
Los Angeles, CA 90057
Project Bienestan (Well-Being)
Carmela Lacayo
(213) 487-1922
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 150,000

This project will conduct a public awareness campaign to promote better mental health and use of formal mental health care servicesamong Hispanic and otheer low-income elderly in California. In addition, the project is designed to improve outreach, diagnosis and tereatment methods used by proiders for older populations; improve communications between the aging and mental health networks; and increase corporate sector and community involvement in mental health issues.

The project will produce and disseminate a number of informational materials that will be utilized in a Statewide mass media and community outreach campaign; train older workers and volunteers as peer counselors; conduct a Symposium on Mental Health for Low-Income Elderly to educate providers and community leaders about the mental health needs of the target population; and sponsor a Mental Health Awareness Week for Low-Income Elderly.

HEALTH PROMOTION - MENTAL HEALTH
Information Dissemination/Public Education

90AM0300
Montana Department of Family Services
Aging Services Bureau
Box 8005
Helena, MT 59604
Improving Mental Health Care Services to Montana Elders: New Strategies & Solutions to Enduring Problems
Gary Walsh
(406) 444-5650
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 149,769

This statewide public education campaign is designed to promote better mental health among older Montanans including off-reservation and on-reservation Indian elders. The project will undertake several different educational activities including (1) four educational seminars directed at 650 mental health care providers in five locations in the State; (2) provide informational seminars in 56 counties and seven Federal Indian reservations; and (3) convene a two-day Statewide conference to focus on mental health care problems, qualitative and quantitative deficiencies in the current delivery system, and develop strategies for implementation of improvements in the system. The project will produce and disseminate two broadcast quality videotapes, 12 public service announcements, 12 newspaper articles and a brochure about mental health problems and where to go to get assistance. A working document on strategies for improving the mental health care system and improving utilization of services will also be developed.

HEALTH PROMOTION - MENTAL HEALTH
Information Dissemination/Public Education

90AM0302
Oregon State University - Extension Service
Milam Hall, Room 161
Corvallis, OR 97331-3211
A Community Multi-Media Mental Health Education Program for the Elderly and Their Families
Vicki L. Schmall
(503) 754-3211
09/29/87 - 02/28/89 AoA : $ 0 $ 0 $ 130,169

This project will assist older persons and their families to recognize and respond to mental health problems in older persons. The project is designed to produce quality interactive educational programming which involves audience participation and problem-solving. Three comprehensive multi-media health education programs will be produced: (1) loss and grief; (2) dealing with depression, and (3) alcohol in later life. The programs will be distributed in all 36 counties in Oregon as well as Indian reservations. Progressionals and older adults will be trained to assist in the presentations and answer questions. This project is a collaborative effort between Oregon State University, the Oregon Senior Service Division, Mental Health Division, Office of Alcohol and Drug Abuse, Area Agencies on Aging, Governor's Commission on Senior Services and.other agencies. Each program will include: interactive slide-tape; comprehensive presenter's guide; videocassette; transparency masters; publications; and program announcement copy.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT FUNDING
FY 1985 FY 1986 FY 1987

HOUSING/LIVING ARRANGEMENTS
Demonstration

90AM0150
American Association of Retired Persons
Program Department
P.O. Box 19269-OPcd
Washington, DC 20036
Consumer Housing Information Service for Seniors
Leon Harper
(202) 728-4805
06/28/85 - 12/31/87 AoA : $ 116,595 $ 75,000 $ 0

This project establishes voluntary programs which will provide information to older persons about housing and housing-related finance options, including home equity conversion. It also develops a model for regional workshops on housing alternatives. Volunteers will be recruited and trained in each of the four states in which a Consumer Housing Information Service for Seniors (CHISS) is established. It will produce a package for a workshop on housing options; Training, Organizational and Resource Manuals for CHISS; and a Local Resource Guide. Trained volunteers will be available through CHISS to provide information on housing options to older persons on the local level. CHISS will also be extended to two additional States with special emphasis on HEC counseling using retired bankers.

HOUSING/LIVING ARRANGEMENTS
Demonstration

90AM0172
Florida Department of Health and Rehabilitation Services
Aging and Adult Services Program Office
1321 Winewood Boulevard
Tallahassee, FL 32301
Improving Design and Location of Housing Environments for Elderly
Nancy Landry
(904) 488-2650
06/30/86 - 03/29/88 AoA : $ 0 $ 133,685 $ 0

The project focuses on the public debate over design, cost and location of housing for the elderly in Florida, using a marketing approach to promote the interest of major social institutions representing the building trades. Products include rankings of environmental design improvements, cost estimates, market analysis of 1,000 elderly respondents, scale models and architectural drawings, a film visualizing environmental barriers, and a housing conference. The project emphasizes innovative involvement of the private sector.

HEALTH PROMOTION - MENTAL HEALTH
Training

90AT0347
Rhode Island Department of Mental Health, Retardation and Hospital
Division of Mental Health
600 New London Avenue
Cranston, RI 02920
Mental Health Awareness Program for Seniors
Daniel McCarthy
(401) 464-3291
09/30/87 - 02/28/89 AoA : $ 0 $ 0 $ 129,480

The mentl Helth Wareness Project for Seniors is a Statewide education campaign for older persons, their families, and service providers to promote better mental health among older persons in Rhode Island. Interagency teams, including elderly leaders, will be trained to educate and counsel seniors and their families through workshops, support groups, and individuals peer counseling. Some older persons will receive more intensive treatment at Community Mental Health Center satellite programs located in senior centers.

Regional conferences will assist in educating human service professionals about current research, early intervention and referral resources. A Statewide television and radio campaign will reach many additional Rhode Islanders.

The project is designed to strengthen interagency linkages, produce an innovative training package and educational media campaign, and advance the state of knowledge on mental health promotion for older persons.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT — FUNDING FY 1985 — FY 1986 — FY 1987

HOUSING/LIVING ARRANGEMENTS
Demonstration

90AM0183
Patrick H. Hare Planning and Design
1246 Monroe Street, N.E.
Washington, DC 20017
In-Depth Development of Seminars on Partnerships to Install Accessory Apartments
Margaret Haske
(202) 269-9334
07/15/86 - 01/14/88 AoA : $ 0 $ 31,100 $ 62,850

This project will show private industry how they can profitably help homeowners install accessory apartments. Partnerships of real estate agents, home remodelers and savings and loan officers will be developed in three separate locations through conferences and meetings. The project will organize the conferences and train the individuals in marketing and counseling homeowners through small group workshops. A seminar package will be developed to develop private sector partnerships to market accessory apartments. Several seminars will be held to test the concept and refine the materials. The grantee will work with national organizations and develop news articles to promote the concept.

HOUSING/LIVING ARRANGEMENTS
Demonstration

90AM0303
NAHB National Research Center
400 Prince Georges Center Boulevard
Upper Marlboro, MD 20772-8731
A Demonstration to Retrofit Existing Housing for the Elderly
Carol Sobel
(301) 249-4000
09/30/87 - 02/28/89 AoA : $ 0 $ 0 $ 149,356

The goal of this project is to develop a method for allowing elderly persons to age in place. The (NAHB) National Research Center's (NAHB/NRC) approach for achieving this goal is through targeting to building professionals on available state-of-the-art building products and design solutions for elderly retrofit. NAHB/NRC will work with its State association in Florida to develop a pilot program which will eventually be made available to each of our 50 State associations. The program will be closely coordinated with the Florida Departments of Health and Rehabilitative Services, Community Affairs, and the newly formed Florida Committee on Housing the Elderly.

Specific work products to be produced by the proposed project include: two training seminars, training and promotional materials, an inspection manual, magazine and newspaper articles, and an innovative information packet to facilitate understanding of the technical program and provide assurance of the quality and effectiveness of the technical solutions.

HOUSING/LIVING ARRANGEMENTS
Research

90AJ2010
National Indian Council on Aging
P.O. Box 2088
Albuquerque, NM 87103
Promotion of Housing Alternatives and Living Arrangements
Curtis Cook
(505) 242-9505
09/01/86 - 11/30/87 AoA : $ 0 $ 100,000 $ 0
ANA : $ 0 $ 100,000 $ 0

Project will examine the condition of housing used by elderly Indians on four reservations and will identify 'best practice' in development of housing for the elderly. In addition to the survey and best practice manual, NICOA will attempt to implement a strategy on housing alternatives.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT — FUNDING: FY 1985 — FY 1986 — FY 1987

HOUSING/LIVING ARRANGEMENTS
Training

90AM0175
Cornell University
N.Y.S. College of Human Ecology
123 Day Hall, P.O. Box DH
Ithaca, NY 14853
Removing Regulatory Barriers to Housing Options for the Elderly
Patricia B. Pollak, Ph.D.
(607) 255-2579
06/30/86 - 08/31/88 AoA : $ 0 $ 128,692 $ 0

The project will develop a public policy education program focusing on regulatory barriers to the development of community based housing options for the elderly. The goal is to educate local municipal officials and professional planners about the community housing needs of an aging society, the barriers which local land use and zoning regulations pose on housing innovation, and the means by which local regulations can be modified or amended to facilitate these options. Project will produce a guide to land use and zoning for housing options and will conduct 8 local government training workshops.

HOUSING/LIVING ARRANGEMENTS
Research

90AR0071
The Urban Institute
2100 M Street, N.W.
Washington, DC 20037
The Elderly in 2010: Housing Needs and Policy Options
Raymond Struyk, Ph.D.
(202) 857-8539
08/01/85 - 07/31/88 AoA : $ 109,860 $ 119,049 $ 69,958

This project will research the housing needs of the elderly to the year 2010 using microsimulation as a tool to forecast a profile of the elderly with special reference to demographic and economic factors that determine housing needs. Three products will be generated: 1) a household level file of elderly households as of the year 2010; 2) specification of the housing circumstances of the elderly in 2010; and 3) estimation of the probable changes in these outcomes under several different policy scenarios.

INFORMAL CAREGIVING
Demonstration

90AM0267
National Association of State Units on Aging
2033 K Street, N.W., Suite 304
Washington, DC 20006
Enhancing State Public Personnel Policies / Programs to Support Employee Caregivers and their Older Family Members
Theresa Lambert
(202) 785-0707
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 174,992

This project will promote the adoption of State public personnel policies/programs to support employees who are caregivers for elderly relatives. State personnelagencies and State Units on Aging will collaborate to (1) create awareness regarding employee caregiver issues; (2) provide information about policy/program options which assist caregivers; and (3) demonstrate the adoption of policy/program options for employee caregivers and elderly relatives. Expected outcomes include: incrased knowledge of issues and options for employee caregivers; establishment of elderly caregiver policies/programs in three States; linkages and collaboration between State personnel and aging agencies.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT — FUNDING FY 1985 — FY 1986 — FY 1987

INFORMAL CAREGIVING
Demonstration

90AM0117
University of Bridgeport
Center for the Study of Aging
170 Lafayette Street
Bridgeport, CT 06601
Support for Dependent Care and Caregivers
Michael Creedon, DSW
(203) 576-4358
06/27/85 - 10/31/87 AoA : $ 127,427 $ 0 $ 68,896

This is a joint effort of the Center for the Study of Aging at the University of Bridgeport in cooperation with three corporations to improve options for workers with dependent older relatives. The project involves four phases: (1) obtaining base-line data on present patterns of help-seeking by workers with dependent older relatives; (2) establishment of a formal program of response to be made available to workers; (3) establishment and implementation of mutually agreed upon benefits, including short-term worker support groups; and (4) development of crisis-response consultation services. Outcomes will include a solid knowledge base regarding current patterns of care by workers and their impact on work, a cost-benefit analysis of the formal program with particular emphasis on its impact on work disruption, and development of a model program for nationwide implementation.

The project will also co-sponsor a major conference together with the conference board. The conference will define corporate responsibility and educate corporations about the impact of an aging workforce and eldercare responsibilities on: Insurance and benefits; leave policies; alternative work schedules; social and support services; public policies and corporate contributions.

INFORMAL CAREGIVING
Demonstration

90AM0243
Vermont Department of Health
Medical Services Division
1193 North Avenue, P.O. Box 70
Burlington, VT 05402
Neighbor to Neighbor: A Program for Healthy Aging Through Education and Community Support
Majorie Hamrell
(802) 863-7330
09/01/86 - 01/31/88 AoA : $ 0 $ 144,698 $ 0

Purpose of project is to provide a program for the healthy aging through education and community support with a neighbor-to-neighbor approach; target population will include Vermont's frail elderly. Project will utilize community education and support services to encourage both families and elder peers to assist dependent older relatives and neighbors. Will create a statewide community of support by developing caregivers support groups and by establishing peer-to-peer care systems. Both will be assisted by a statewide educational program (media and community forums). Expected outcomes include: 1) a reduction in prematurally dependency or disability, and 2) a relief for providers and institutions from the burden of caring for those who need care primarily as a result of isolation and lack of support.

INFORMAL CAREGIVING
Demonstration

90AM0293
Washington Business Group on Health
229 1/2 Pennsylvania Avenue, S.E.
Washington, DC 20003
Partnerships in Aging: A Coalition Approach
Carol Cronin
(202) 547-6644
10/01/87 - 09/30/89 AoA : $ 0 $ 0 $ 253,060

Project will facilitate linkages between regional business/health coalitions and the aging network. Four coalitions working with community agencies will each initiate one project related to employed caregivers and their adult dependents in the areas of corporate policy change, alternative work options, benefit redesign, employee education, information and referral, community agency assistance and volunteerism. Regional roundtable meetings facilitated by the Washington Business Group on Health, the National Association of State Units on Aging, and Brandeis University will address policy options. Other products include: 1) a background paper and policy report; 2) training materials for AAA's interested in working with corporations; and 3) an information and referral booklet for employers. Eight additional partnerships will be established between business/health coalitions and the aging network to address a policy or program need that they identify in their local communities. These eight local partnerships are intended to promote corporate understanding of aging issues and to increase corporate support of aging initiatives.

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                              ACTIVE GRANTS
                  Under Title IV of the Older Americans Act
                              As of 10/01/37

PROJECT                                       FUNDING
                                              FY 1985          FY 1986          FY 1987
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INFORMAL CAREGIVING
 Information Dissemination/Public Education

90AM0222
 Good Samaritan Hospital and Medical Center
 Education and Family Support Services
 1015 N.W. 22nd Avenue
 Portland, OR  97210
  Caregiver Education and Outreach Project for Families of the Frail Elderly
Bobby Heagerty
(503) 229-7348
09/01/86 - 01/31/88              AoA  : $        0       $ 149,056       $        0
The project will overcome barriers to services for families of the at-risk
elderly by implementing   educational and outreach programs on caregiving.
It will:  1) establish a Caregivers' Training Center; 2) implement an
educational campaign in the workplace; 3) establish 20 support groups
Statewide; 4) extend a caregiver training program into rural areas; 5)
produce videotapes on legal/financial planning and on peer counseling; 6)
develop a guide on hiring in-home help; 7) develop an information kit for
distribution by physicians and hospitals; 8) develop a series of factsheets
on coping with increased frailty.
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INFORMAL CAREGIVING
 Information Dissemination/Public Education

90AM0224
 University of the District of Columbia
 Institute of Gerontology
 1100 Harvard Street, N.W., Room 114
 Washington, DC  20009
  An Interfaith Caregiver Dissemination Program
Clavin Fields
(202) 727-2778
09/01/86 - 09/30/88              AoA  : $        0       $ 147,675       $        0
The project will be conducted by the Institute of Gerontology at UDC in
collaboration with the Interfaith Conference of Metropolitan Washington.
Its purpose is to disseminate information to help informal caregivers care
for impaired older persons.  Dissemination will be accomplished via
religious institutions, reaching 3,000 older, caregiving members of 100
congregations of varying faiths within metropolitan Washington, DC.
Training programs will be implemented and mutual help groups established to
increase:  caregivers' access to community resources; capacity of
congregation members to exchange respite services, support and
companionship; knowledge about caregiving; involvement of caregivers in
community activities that enhance the independence of frail elders.  The
final product will be a manual detailing how to implement this program in
other parts of the country.
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INFORMAL CAREGIVING
 Information Dissemination/Public Education

90AM0225
 The Catholic University of America
 National Catholic School of Social Service
 620 Michigan Avenue, N.E.
 Washington, DC  20064
  Innovative Approaches to Dissemination of Caregiver Information Through
  Ethnic and Religious Groups
Christopher Hayes, Ph.D.
(516) 283-4809
09/01/86 - 01/31/88              AoA  : $        0       $ 112,640       $        0
The project is a collaborative effort of Catholic University's Center on
Aging, its National Catholic School of Social Service, and the American
Jewish Committee's Institute on Human Relations to provide essential
information to caregivers of the home-bound and frail.elderly.  It targets
ethnic/religious elderly caregivers not previously reached.  Information
dissemination in 25 planned educational forums in Washington, DC and
Chicago, Illinois will strengthen their capacity for self-help.  Videotapes
and written materials will be adapted to needs of caregivers from many
different ethnic/religious backgrounds.
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ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT   FUNDING
FY 1985   FY 1986   FY 1987

INFORMAL CAREGIVING
Information Dissemination/Public Education

90AM0229
National Association of Area Agencies on Aging
600 Maryland Avenue, S.W., Suite 208
Washington, DC 20024
Assisting the Older Caregiver Through Use of AAA Advisory Council Members
Nancy Gorshe, MSW
(202) 484-7520
09/01/86 - 11/30/87   AoA : $ 0 $ 99,970 $ 0

The project proposes to enhance, through use of Area Agencies on Aging advisory council members and advocates, to assist older caregivers and frail homebound elderly. In conjunction with the Close Up Foundation's Program for Older Americans, NAAAA will assist in: 1) The education and motivation of 200 advisory council/board members regarding responsibilities relating to health issues and policy for the elderly; and 2) the planning AAA by advisory councils/boards of projects designed to assist older persons caring for the frail elderly at home. Close Up will conduct two one-week sessions focusing on issues related to health care for the elderly. Resource materials will be produced and distributed to advisory council members for assisting their local advisory councils/boards to work with the staff of the Area Agency on Aging to initiate or enhance programs assisting the older caregiver. The principal expected outcome is the initiation or improvement of 200 local caregiver programs.

INFORMAL CAREGIVING
Information Dissemination/Public Education

90AM0231
University of Missouri - Kansas City
Center on Aging Studies
2220 Holmes Street
Kansas City, MO 64110
Volunteer Information Program to Assist Rural Caregivers
Burton Halpert, Ph.D.
(816) 276-1751
09/01/86 - 04/30/88   AoA : $ 0 $ 149,881 $ 0

A 'Rural Volunteer Information Provider Program,' an FY '84AoA project conducted in Missouri, will be replicated in ten states to meet the informational needs of rural caregivers of frail and impaired elderly. As in Missouri, the objectives forthe ten states will be to reduce caregiver strain and improve quality of care. Members from 4 major organizations in each state (National Extension Homemaker's Council, Cooperative Extension Service, State Units on Aging, and Area Agencies on Aging)will be teamed together on state and county levels and trained as trainers to enable local personnel (Volunteer Information Providers) to assist caregivers in ten rural demonstration counties. The State training teams will then disseminate the demonstration results and products throughout each of the ten States.

INFORMAL CAREGIVING
Information Dissemination/Public Education

90AM0227
University of South Florida
Suncoast Gerontology Center
12901 North 30th Street, Box 50
Tampa, FL 33612
Developing and Disseminating Caregiver Know-How
Eric Pfeiffer, M.D.
(813) 974-4355
09/30/86 - 02/29/88   AoA : $ 0 $ 124,951 $ 0

The project is a two-pronged approach to the development and dissemination of caregiver know-how in a large metropolitan area. It is a collaborative effort between a long-term care gerontology center, two AAAs and a commercial TV station designed to improve the ability of family caregivers to provide care. The first program element is a series of monthly public forums to provide practical information to caregivers. For each forum presentation a succinct pamphlet will be produced and distributed. The second program element is a 'Caregiver' segment on a weekly commercial television show, 'The Time of Your Life.' The 'Caregiver' segment will deal with 12 topics addressing specific aspects of the caregiver task. It is anticipated that through these efforts caregiver know-how will be increased, both locally and on a much more widespread basis.

PROJECT	FUNDING FY 1985	FY 1986	FY 1987

INFORMAL CAREGIVING
Information Dissemination/Public Education

90AM0236
Minnesota Department of Human Services
4th Floor, Centennial Office Building
St. Paul, MN 55155
Caregivers Need Care Too
Suzanne Glass
(612) 297-1216
09/30/86 - 03/30/88 AoA : $ 0 $ 82,642 $ 0

The project proposes to replicate and create for franchising a statewide public education program for caregivers called 'Caregivers Need Care Too!' This program was developed and implemented in Minnesota last year. It consists of a coordinated media campaign utilizing television, radio and cable systems, followed by printed materials (a series of brochures, posters, bumper stickers, and a workbook for caregivers). A referral system is an integral part of the campaign so that caregivers will have contact with a professional who can provide further information or services. The expected project outcomes include: Maine, Oregon and Missouri will have implemented a coordinated media campaign with training component to reach significant numbers of friends, family and neighbors of ill and elderly citizens; and a complete package of media tools and training guides which can be used by any other state or organization in a massive public education of caregivers.

INFORMAL CAREGIVING
Information Dissemination/Public Education

90AM0237
University of Nevada-Reno
Geriatric and Gerontology Center
MacKay Science Building, Room 315
Reno, NV 89557
The Role of Seniors as Consultants to Caregivers of the Disabled Elderly
Betty Dodson, MS,Eds
(702) 786-7200
09/01/86 - 01/31/88 AoA : $ 0 $ 149,040 $ 0

This Statewide project is designed to demonstrate that senior volunteers, trained as resource consultants, can effectively improve the home-based care of frail/disabled older persons by using an individualized approach to providing information to caregivers. The volunteer consultants will visit families in their homes in rural and urban communities and Indian reservations to: identify needs; provide information; facilitate referrals; help determine solutions to specific problems and evaluate their implementation. Specific products will include: health education materials, culturally adapted for Native Americans; information on home-based management of special problems; and a Caregiver Needs Assessment Inventory.

INFORMAL CAREGIVING
Information Dissemination/Public Education

90AM0238
Synod of Southern California and Hawaii
Asian Human Care Centers
1501 Wilshire Boulevard
Los Angeles, CA 90017
Senior Empowerment Project
Carol Iu, Ph.D.
(213) 483-3840
09/01/86 - 01/31/88 AoA : $ 0 $ 124,511 $ 0

The project is a collaborative effort between the Asian Human Care Centers and community agencies to address the problem of service information deprivation among Asian elderly and their caregivers. A self-help, self-development approach will be used. Bilingual/bicultural volunteers will be trained to organize information linkages in their communities. Information on housing, health care, income security, self-help, "telephone family" support systems, and in-home services will be developed with emphasis on the needs of Asian immigrants and refugees. Products will include a filmstrip, a study guide, fact sheets, and brochures in English and seven Asian languages/dialects. The project should help the Asian Elderly to live a more participatory and dignified life in society and their community and help to sensitize and mobilize social service agencies to reach out to and serve this community.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT	FUNDING FY 1985	FY 1986	FY 1987

INFORMAL CAREGIVING
Information Dissemination/Public Education

90AM0244
Western Kentucky University
College of Education and Behavioral Science
College Heights
Bowling Green, KY 42101
Utilizing Technology and a Volunteer Network for Statewide Dissemination of Information to Caregivers
Lois Layne, Ph.D.
(502) 745-4414
09/01/86 - 12/31/87 AoA : $ 0 $ 150,000 $ 0

This project will make use of technological advances and a Statewide network of volunteers for the purpose of addressing critical information and training needs of families, neighbors, and friends in caring for older persons who are frail or impaired. Caregivers in remote rural areas will have the same training opportunities as those near the university training center -- will be able to receive information in their own homes and interact with a trainer by telephone. Home video cassettes will be combined with Statewide individual access to a teleconference 'bridge' (which will be coordinated by the volunteer network). The objective is to develop a model system to deliver quality training in a manner which is interactive, non-threatening, flexible, and cost-effective. Five to seven videotape programs will be produced. The taped programs and delivery system will be tested and evaluated; and the products and processes disseminated to agencies that work with caregivers.

INFORMAL CAREGIVING
Information Dissemination/Public Education

90AM0246
Metro Dade County Elderly Services Division
111 N.W. First Street
Miami, FL 33138
Bilingual Television Series for Caregivers in English and Spanish
Howard Russell
(305) 375-5335
09/30/86 - 08/31/88 AoA : $ 0 $ 136,866 $ 0

A twelve part television series for caregivers of the elderly will be produced and broadcast in English and Spanish versions to approximately 2.7 million potential viewers in Southeast Florida. The series, focusing on elderly caregivers of the elderly, will also be available in video cassettes for distribution to community groups, hospitals, libraries, businesses, and individuals in their homes. Elderly volunteers will lead discussions, counsel caregivers and generate public support for the series. These programs will circumvent the problems associated with support group attendance, e.g., transportation and respite care, by disseminating information in the caregivers' homes and other frequented sites. With basic topics such as 'personal care,' 'utilizing community resources' and 'stress management,' the expected outcome is a large audience of older persons more informed as caregivers and better able to maintain frail elders at home.

INFORMAL CAREGIVING
Information Dissemination/Public Education

90AM0241
Savannah State College
Department of Social Work/Applied Sociology
Savannah, GA 31404
Information Dissemination and Training for Older Caregivers
Ella Hammond Sims
(912) 356-2340
09/01/86 - 01/31/88 AoA : $ 0 $ 108,551 $ 0

The purpose of the project is to significantly improve the lives of dependent elderly identified in each of ten rural churches in three coastal Georgia counties. It will link agencies which serve the elderly--and information about them--to a core of volunteer individuals in each church, to family caregivers and to dependent elderly themselves. Plans include training and providing elder care service information to identified caregivers which will focus on: linking elder care services to identified caregivers; blood pressure screening certification and nutritional training; and home health training and certification. Expected outcomes include: 1) Agency Service and Information Dissemination/Caregiver's Manual; 2) Blood Pressure Screening (BPS); Certification and Church-based BPS with a Nutritional Training component; 3) Home Health Care Training and Certification; and 4) Agency Service and Rural Assessment.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT	FUNDING FY 1985	FY 1986	FY 1987

INFORMAL CAREGIVING
Information Dissemination/Public Education

90AM0248
Center for Creative Living Corporation
3501 S.W. 'F' Avenue
Lawton, OK 73505
Care for Caregivers Project
Julie May
(405) 248-0471
09/30/86 - 02/28/88 AoA : $ 0 $ 30,000 $ 0

In collaboration with the Association of South Central Oklahoma Governments Area Agency on Aging, this project will provide a comprehensive information and support system for elderly family caregivers, promoting and protecting their physical and mental health and helping to sustain in-home care for the frail elderly as long as possible. The Center will: coordinate Red Cross home nursing courses for caregivers; recruit respite workers; train respite workers; maintian a respite worker registry and placement service; provide home visits to homebound caregivers and their patients; conduct support group meeting (and simultaneous recreational meetings for ambulatory patients); utilize paid, part-time, low-income elderly and elderly from a volunteer corps as respite workers; and publish and mail a monthly, local newsletter on caregiving.

INFORMAL CAREGIVING
Information Dissemination/Public Education

90AM0252
Grossmont District Hospital
Task Force on Aging
P.O. Box 158
La Mesa, CA 92041
Gerontology Training for Families: The Caregiver Education and Training Project
Nancy Bryant, LCSW
(619) 465-0711
09/30/86 - 02/28/88 AoA : $ 0 $ 31,512 $ 0

The project is designed to impart specific nursing, psychosocial and community knowledge and skills to caregivers, particularly those who are also older adults, who will be caring for a family member in the home. Teaching manuals and instructional videotapes will be developed. It is anticipated that there will be positive results in the following areas: 1) an improved caregiving experience, physically and emotionally, for both caregivers and recipients of care; 2) increased utilization of appropriate community-based long term care services; 3) increased knowledge regarding the process of caregiving; 4) reduced utilization of acute care hospital resources with a resultant cost savings; and 5) the development and marketing of videotapes and teaching guides for use in expanding caregiver education and training services throughout the country.

INFORMAL CAREGIVING
Information Dissemination/Public Education

90AT0309
Connecticut State Department on Aging
Research and Program Development Division
175 Main Street
Hartford, CT 06106
A Model Dissemination Program for an Information Network System for Caregivers
Alice Gilbert
(203) 566-7728
09/01/86 - 01/01/88 AoA : $ 0 $ 118,197 $ 0

Will develop a Statewide system to disseminate information to older caregivers of frail/impaired elderly, which will serve as model for other States. Result will be a cooperative network of formal and informal support systems, linking volunteers in religious groups, education/support group leaders, social service providers, and caregivers. Goals are: to stimulate outreach and educational programs for caregivers; improve knowledge of providers and clergy; and relieve older caregivers by mobilizing community resources.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT
FUNDING
FY 1985 FY 1986 FY 1987

INFORMAL CAREGIVING
Research

90AM0230
University of Arizona
Long Term Care Gerontology Center
1807 East Elm Street
Tuscon, AZ 85719
Neighborhood-Based Caregiver Networks
Ted Koff, Ed.D.
(602) 626-4854
09/01/86 - 01/31/88 AoA : $ 0 $ 125,000 $ 0

This project will develop a model program to sustain neighborhood caregiver education/support groups as a means for ongoing information dissemination. The project integrates the most positive aspects of earlier group development efforts, including: 1) techniques for the gradual transfer of leadership to the group's participants; 2) variation of meeting content according to group needs; 3) respite care; 4) a 'grass roots neighborhood approach;' 5) 'booster workshops' to promote continued participant enthusiasm; and 6) an intergroup information sharing network. The project will incorporate a quasi-experimental test of alternative approaches to extending group longevity.

INFORMAL CAREGIVING
Research

90AM0233
Hebrew Rehabilitation Center for the Aging
Department of Social Gerontological Research
1200 Centre Street
Boston, MA 02131
Stimulating Volunteerism in Housing for the Elderly
Claire Guthin, Ph.D.
(617) 325-8000
09/01/86 - 06/30/88 AoA : $ 0 $ 145,492 $ 0

This project aims to show how, without adding costly formal service programs, volunteers in housing for the elderly can be identified and encouraged to provide needed assistance to their neighbors in various areas of daily living. The study has three components. The first involves a questionnaire survey of all tenants in participating buildings. (An estimated 40-50 buildings will participate with 4000-6000 tenants.) The second is the introduction of a demonstration to encourage tenant volunteers to help their neighbors. The third phase is the evaluation component, involving interviews with 'helpers'and a repeat of the initial survey. Results of the project may prove useful to improving the utilization and increasing the number of people who are willing to act as volunteer helpers to assist vulnerable fellow housing residents to remain in the community.

INFORMAL CAREGIVING
Research

90AM0221
University of Utah
Graduate School of Social Work
114 Social Work Building
Salt Lake City, UT 84112
Coping Skills and Family Training for Spouse Caregivers
Amanda Barusch, Ph.D.
(801) 581-4554
09/01/86 - 01/31/88 AoA : $ 0 $ 111,340 $ 0

Project will provide an intervention package to assist caregivers in managing the burden and stress of caring for their spouses. Objectives include testing coping skills and providing family training to spouse caregivers. Project will test four intervention approaches to determine the most potent method for reducing caregiver strain. It will service spouse caregivers of the elderly who are identified by physicians as being at risk of intitutionalization. Approaches to be tested include involvement of family members, the primary caregiver, and an explicit focus on coping strategies for problem management as well as techniques employed by existing programs.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT — FUNDING: FY 1985 | FY 1986 | FY 1987

INFORMAL CAREGIVING
Training

90AM0223
West Virginia University
Gerontology Center
Suite 12, Chestnut Ridge Professional Building
Morgantown, WV 26506
Development of Long-Term Training for Family and Other Caregivers of Elderly Suffering from Alzheimer's Disease and Related Disorders
Barbara L. Knight, MSS
(304) 293-2081
08/01/86 - 12/31/87 AoA : $ 0 $ 65,475 $ 0

This project will establish a system for Statewide continuing training of in-home caregiver skills for families, friends, and volunteers caring for elderly who suffer from memory impairment, Alzheimer's Disease, and related disorders. Training will be conducted through three one-day workshops in each of nine regions covered by the State's Area Agencies on Aging (AAAs). The AAAs will help to recruit caregivers to receive the training and will also be instructed to carry on the training program after Federal funding support ends. The training program will be evaluated, and the project's materials and procedures disseminated to other rural States.

INSTITUTIONAL LONG TERM CARE
Demonstration

04AM0299
North Carolina Department of Human Resources
Division of Aging
1985 Umstead Drive
Raleigh, NC 27603
Building Bridges: Intergenerational Program in Education for Youth Offenders in Training Schools
Wayne White
(919) 733-3983
10/01/87 - 09/30/88 AoA : $ 0 $ 0 $ 4,687

The project will develop and implement a separate intergenerational component that responds to the educational needs of approximately 20 residents at the Samarkand Manor training facility. The project will serve as a model intergenerational program for 5 training schools and senior citizen groups in North Carolina. Goals of the project include: (1) Incorporating older adult volunteers into the overall educational support program at Samarkand Manor; (2) training appropriate staff to utilize older adult volunteers in education programs by November, 1987; and (3) Orienting residents to the volunteer program. The project is expected to improve avocational, vocational, daily living and communication skills for participating residents. The model project will be a collaborative effort between the Division of Aging and Samarkand Manor, a Division of Youth Services training school for youthful offenders aged 10-17.

INSTITUTIONAL LONG TERM CARE
Demonstration

90AM0278
South Central Michigan Commission on Aging
8135 Cox's Drive Suite 1-C
Portage, MI 49002
Nursing Home Model For Family and Community Links
Mary R. Sawicki
(616) 327-4321
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 70,880

The purpose of the projects is to develop and mobilize a range of community-linked activities and services that will improve the quality of life for older people residing in nursing homes. The project will establish a community-linked enrichment program in five (5) nursing homes. Part of the program will include designing and implementing a nursing home version of the "As Parents Grow Older" program for the families of residents. Expect ed outcomes include minimizing isolation of nursing home residents and increasing the family involvement with institutionalized relatives. Products include: (1) project summary with information relevant to replicating model in other areas; and (2) training package for the nursing home version of the "As Parents Grow Older" program.

PROJECT — FUNDING
FY 1985 FY 1986 FY 1987

INSTITUTIONAL LONG TERM CARE
Research

90AM0290
Florida Department of Health and Rehabilitative Services
Office of Evaluation and Management Review
1323 Winewood Boulevard
Tallahassee, FL 32301
Application of the Tracer Method to Study Quality of Care in Domiciliary Care Facilities
Nancy Ross, Ph.D.
(904) 488-8722
09/01/87 - 12/31/88 AoA : $ 0 $ 0 $ 126,496

A tracer approach will be used to assess "good" and "poor" domiciliary care facilities in Florida. Major objectives are: 1) testing transferability of approach to other settings; 2) examining quality and appropriateness of care; 3) determining the feasibility of using a simplified tracer approach being developed in Israel. Major products are: a document translating Florida's and Israel's experiences into a form usable by other States and two technical reports.

LEGAL SERVICES
Demonstration

90AM0084
American Association of Retired Persons
Legal Counsel for the Elderly
P.O. Box 19269-GPCD
Washington, DC 20036
Citywide Free Legal Hotline for the Elderly
Cyril F. Brickfield
(202) 662-4933
08/01/84 - 02/28/88 AoA : $ 101,173 $ 134,898 $ 0

The American Association of Retired Persons/Legal Counsel for the Elderly will demonstrate the feasibility of operating a free citywide legal services hotline for older people. Supplement will allow project to expand services statewide. Grantee will cooperate with the private sector to make the program self-sufficient by using an innovative financial scheme. Project activities include 1) examining project design; 2) testing new revenue generating services; and 3) expanding the hotline operation statewide across Pennsylvania.

LEGAL SERVICES
Demonstration

90AM0170
American Bar Association
Commission on Legal Problems of the Elderly
1800 M Street, N.W.
Washington, DC 20036
Enhancing Decision-Making Autonomy of Adults and Older Persons
Nancy Coleman, Esq.
(202) 331-2297
06/30/86 - 02/29/88 AoA : $ 0 $ 151,470 $ 0

The decision-making autonomy of adults and older persons will be enhanced through an education and counseling project focusing on (A) the scope of personal decision-making authority, particularly in regard to health care, (B) the use of pre-planning legal tools such as durable powers of attorney and living wills to enhance autonomy, and (C) attitudes affecting the exercise of autonomy. This project will (1) produce an educational/documentary video portraying older persons who have successfully struggled to retain their autonomy in the face of incapacity, (2) publish a presenter's guide for the video, (3) publish a pamphlet on decision-making rights, pre-planning and the use of appropriate legal tools, (4) conduct a statewide demonstration project using attorneys to present the video and provide information and counseling at 12 sites in Maryland, and (5) promote national dissemination.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT FUNDING
FY 1985 FY 1986 FY 1987

LEGAL SERVICES
Demonstration

90AM0211
Florida Department of Health and Rehabilitative Services
Aging and Community Services Unit
1317 Winewood Boulevard
Tallahassee, FL 32301
Pro Bono Legal Assistance to the Elderly
Margaret Lynn Duggar
(904) 488-2881
08/01/86 - 01/31/88 AoA : $ 0 $ 81,637 $ 0

The Florida State Department of Health and Rehabilitative Services, Aging and Community Services Unit will demonstrate the economic benefits of using retired attorneys and legal secretaries to avoid litigation and reduce court dockets by assisting elderly to address legal questions before they become crises. Efforts of the American Society of Retired Attorneys, AARP, the Tallahassee and Ft. Myers AAAs will be consolidated to use retired attorneys and legal secretaries. A coordinator will organize efforts by working with senior center staff and local judges to provide alternatives to court dispositions for older people. A manual which details project set up and operation will be produced.

LEGAL SERVICES
Demonstration

90AM0228
Western North Carolina Legal Services, Inc.
134 W. Main Street
P.O. Box 426
Sylva, NC 28779
Community Legal Education and Training
Perry Eury
(704) 586-8931
08/01/86 - 12/31/87 AoA : $ 0 $ 26,000 $ 0

Western North Carolina Legal Services, Inc. will assist the elderly to maintain essential legal documents by training 150 volunteers to help low-income elderly compile, interpret and understand essential legal documents and important papers. Community legal education, radio spots, news articles, pamphlets and group presentations will complement volunteer efforts. Project activities will be focused on developing a training manual for volunteers; a VIP (Very Important Papers) Envelope with accompanying explanatory information; a 'Survivors Checklist' of necessary papers and take other appropriate legal actions after an older person dies; and a list of local resources for legal information available to older people. Volunteers will assist older people to understand and use the VIP Envelope and Survivor's Checklist.

LEGAL SERVICES
Demonstration

90AM0232
Legal Aid of Western Missouri
Kansas City Office
1005 Grand Avenue, Suite 600
Kansas City, MO 64106
Volunteer Protective Services for the Frail Elderly
JoAnn Raphael
(816) 474-6750
08/01/86 - 12/31/87 AoA : $ 0 $ 92,743 $ 0

Legal Aid of Western Missouri will collaborate with Jewish Family & Children Services to provide legal services that will: 1) allow declining and frail low-income elderly to remain in their homes; 2) provide institutionalized elders guardians; and 3) serve as liaison to clients, agencies, Probate Court, Public Guardian. Also, project activities will be designed to divert cases from Probate Court and provide case management by recruiting training and supporting volunteers. Volunteer lawyers will conduct legal work and supervise lay volunteers.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT — FUNDING FY 1985 — FY 1986 — FY 1987

LEGAL SERVICES
Demonstration

90AM0240
The Pension Rights Center
1701 K Street, N.W., Suite 305
Washington, DC 20006
National Pension Assistance Project
Karen Ferguson
(202) 296-3778
09/15/86 - 11/14/87 AoA : $ 0 $ 81,376 $ 0

The project will encourage private bar committees to provide older people legal services in the pension area. By working with national, state and local bar associations, the project will develop a national network of lawyers willing to take pro bono and reduced fee pension cases. The legal Outreach Program will focus on expanding the number of lawyers available to represent pension plan participants by working with American Bar Association Committees to accept pro bono cases and with state and local bar referral services to develop panels of pension lawyers willing to accept pension cases for a fee. A model seminar on pension law will be developed and the American Law Institute will be encouraged to sponsor a course for lawyers who represent pension participants. A "Directory of Pension Assistance Resources," will be compiled. The Information and Referral Service component will screen requests for individual assistance, conducting investigations and legal research and preparing analyses of meritorious cases. Where appropriate and upon completion of legal groundwork, cases will be referred to private attorneys, legal services offices, or government agencies.

LEGAL SERVICES
Demonstration

90AM0251
Legal Aid Society of Orange County
Senior Citizens Legal Advocacy
902 N. Main Street
Santa Ana, CA 92701
Legal Services Outreach to the Elderly
Robert J. Cohen
(714) 835-8806
09/01/86 - 08/31/88 AoA : $ 0 $ 35,000 $ 0

The Legal Aid Society of Orange county will coordinate with a community hospital and a home health agency to provide legal services to the frail elderly through the social services staffs of each. Medical social workers and home health staffs will be trained to identify legal problems and refer older people to proper sources of help. Products include curriculum for an In-Service Teaching Model, program protocols, forms; and to promote replication, an analysis of the demonstration.

LEGAL SERVICES
Demonstration

90AM0234
Legal Assistance of North Dakota, Inc.
1025 Third Street, North
Box 1893
Bismarck, ND 58502
Senior Legal Hotline
Linda Catalano
(701) 222-2110
08/01/86 - 12/31/87 AoA : $ 0 $ 51,100 $ 0

Legal Assistance of North Dakota will establish a 'Senior Legal Hotline' to serve rural low-income and disabled elderly. Legal counsel, information on benefits programs and legal rights will be provided. Calls will be screened and as appropriate referred to other legal services programs, State Bar Lawyer Referral and pro bono panels and appropriate agencies. Information on Statewide sources of referral will be computerized and the software package or disk made available to others wishing to replicate the system. An extensive publicity campaign will be conducted using radio, television, newspapers, posters and the coordinated efforts of community groups.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT FUNDING
FY 1985 FY 1986 FY 1987

LEGAL SERVICES
Demonstration

90AM0254
Legal Services for the Elderly, Inc.
One Amherst Street
Augusta, ME 04330
Rural Elderly Legal Assistance Program
Neville Woodruff
(207) 289-2565
09/30/86 - 01/31/88 AoA : $ 0 $ 32,314 $ 0

Legal Services for the Elderly, Inc. will demonstrate the effective delivery of legal assistance to socially and economically disadvantaged rural older people by establishing a circuit route and assigning riders in rural northern and eastern Maine. Services will be delivered by an attorney and paralegal, making regular visits to a 5 county area. SUA/AAA will recruit volunteers to perform basic intake screening; media campaign will inform older people of available services; and a model outreach and service delivery strategy will be produced.

LEGAL SERVICES
Demonstration

90AM0265
Pension Rights Center
918 16th Street, N.W. Suite 704
Washington, DC 20006
National Pension Assistance Project
Karen Ferguson
(202) 296-3778
09/01/87 - 08/31/88 AoA : $ 0 $ 0 $ 187,130

Project activities will be designed to relieve the critical need for assistance with pension problems by older workers. Private bar involvement in the delivery of such assistance will be encouraged by the Legal Outreach Program's two new "Private Bar Involvement Network Programs" as well as by ongoing programs. The center's Information and Referral Service will develop the "Pension Rights Education Initiative" to educate human service providers about elderly people's pension problems. Further, a model training course and related materials, a Pension Handbook and a fact sheet entitled "New Pension Rights" will be produced.

LEGAL SERVICES
Demonstration

90AM0270
American Bar Association
Commission on The Legal Problems of the Elderly
750 North Lake Shore Drive
Chicago, IL 60611
National Support for Legal Assistance
Nancy Coleman
(202) 231-2297
09/01/87 - 08/31/88 AoA : $ 0 $ 0 $ 200,000

Project activities are designed to increase private attorney involvement with older people by providing technical assistance to State and local bar associations on pro bono, reduced fee and commuity legal education projects as well as continuing legal education training for practicing attorneys. State legal services developers, AAAs, bar committees on the elderly and on going pro bono projects will be assisted. Products include specific recommendation for development of legal assistance systems in two States; 4 quarterly newsletters each to include interviews with AAA directors; an overview publication on legal services for the elderly; and concise guides on law school courses, small estates administration projects and bar-sponsored dispute resolution projects. These materials should encourage attorneys to promote and collaborate on bar/aging network linkages.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT FUNDING
FY 1985 FY 1986 FY 1987

LEGAL SERVICES
Technical Assistance

90AM0213
American Bar Association
Commission on Legal Problems of the Elderly
760 North Lake Shore Drive
Chicago, IL 60611
Legal Assistance and Counseling for the Elderly
Judith O'Connor
(202) 331-2297
08/01/86 - 10/31/87 AoA : $ 0 $ 150,000 $ 99,998

The American Bar Association Commission on Legal Problems of the Elderly will transfer knowledge about private bar innvolvement with the aging and legal networks between attorneys and the aging network by developing a series of packages on 1) private bar association committees on the elderly; 2) how SUAs/AAAs can approach private bars; 3) development of pro bono and reduced fee assistance for older people; 4) private bar involvement in lifetime planning for the elderly; and 5) a media package on community legal education for the elderly.

LEGAL SERVICES
Technical Assistance

90AM0250
National Association of State Units on Aging
2033 K Street N.W., Suite 304
Washington, DC 20006
Protecting Institutionalized Elderly's Legal Rights
Sara Aravanis
(202) 785-0707
09/01/86 - 08/31/88 AoA : $ 0 $ 306,651 $ 0

The project will support the legal rights of the institutionalized elderly by increasing the capacity of State long term care ombudsman programs to protect them. It will 1) facilitate interstate technology transfer of program policies and practices; 2) identify and disseminate effective legal service delivery methods; 3) enhance States capacity to train substate ombudsman program staff and volunteers; and 4) facilitate collaborative efforts between SUA/AAAs and C/MHCs.

The project will improve assess to representation and problem resolution services for the elderly by providing technical assistance and consultation to State Legal Services Developers and Long Term Care Ombudsman. The identification of best practices and emerging issues of concern to these groups is complemented by the interstate exchange of best practice approaches. Materials will be collected and disseminated on 1) effective methods for delivering legal assistance to older people; 2) Ombudsman program policies and practices designed to assure elders their legal rights; and 3) methods of providing training and support to subState Ombudsman and legal services program staffs and volunteers.

LEGAL SERVICES
Technical Assistance

90AM0202
Center for Social Gerontology
117 First Street, Suite 204
Ann Arbor, MI 48104
National Exchange of Practice Legal Support System
Penelope Hommel
(313) 665-1126
06/01/86 - 10/31/87 AoA : $ 0 $ 114,970 $ 0

The project will establish a national system to exchange information on how to implement, administer and evaluate legal delivery systems for older people. The system will improve cooperation among the aging and legal services networks. On selected issues, information will be compiled, analyzed and disseminated monthly and quarterly. An exchange-of-practice seminar will be convened, and T.A. will be provided. Products include 12 mailings, written T.A. materials, an information newsletter and the national seminar mentioned above.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT — FUNDING FY 1985 — FY 1986 — FY 1987

LEGAL SERVICES
Technical Assistance

90AM0260
The Center for Social Gerontology, Inc.
117 North First Street, Suite 204
Ann Arbor, MI 48104
Support Project in Law and Aging
Penelope Hommel
(313) 665-1126
08/01/87 - 09/30/88 AoA : $ 0 $ 0 $ 180,460

Through this project a comprehensive, written guide to planning, designing, implementing and assisting legal delivery systems will be developed for the use of State Legal Services Developers, Area Agency on Aging (AAA) staff and legal services providers. Development of the guide will be conducted in consultation with National Association of Area Agencies on Aging and in coordination with other national legal projects and/or organizations. Through network building activities conducted under the project, ten seminars on legal delivery systems will be convened to train 500 AAA funders of legal services programs, legal services providers, state developers and ombudsmen. Seminars will focus on information about planning, development, delivery and evaluation of elderly legal services programs.

Building upon Fiscal Year (FY) 1986 activities, the project will continue to disseminate Best Practives Exchange mailings, analyses and evaluations of the reauthorized Older Americans Act and reports of the ten seminars cited above. Further, substantive materials produced under the FY 1985-86 AoA Title IV project will continue to be updated.

LEGAL SERVICES
Technical Assistance

90AM0296
National Clearinghouse for Legal Services Inc.
407 South Dearborn Suite 400
Chicago, IL 60605
Substantive Legal Assistance and Support
Michael Leonard
(312) 939-3830
09/30/87 - 09/29/88 AoA : $ 0 $ 0 $ 37,436

The National Clearinghouse for Legal Services (NCLS) proposes to provide technical assistance to Older Americans Act Title III funded legal assistance providers in the form of computer assisted legal research. The computer assisted legal research activities conducted under this project should allow the more than 600 Title III funded legal services programs access to information contained in the Westlaw and Lexis legal information banks.

LEGAL SERVICES
Training

90AM0262
American Association of Retired Persons
Legal Counsel For the Elderly
P.O. Box 19269-BPCD
Washington, DC 20036
National Legal Assistance Support Project
Jack Carlson
(202) 662-4933
09/30/87 - 09/29/88 AoA : $ 0 $ 0 $ 200,000

Project will assure SUA/AAAs and legal assistance providers nationwide legal assistance support in the form of: training in elderly law and avocacy skills for 600 lawyers, paralegals, volunteers and AAA staff at 18 State sites; recruiting and training of 2300 volunteers for 20 agencies nationwide; providing TA on the effective use of volunteer legal assistance projects and 6 volunteer financial management service projects; distributing a list of legal resource and training materials through AARP's free library loan program semi-annually; and providing nationwide, case consultation, substantive legal advice, written materials and legislative support on protective services. Products include training and trainer training packages,2300 volunteers to serve approximately 114,000 older people; 6 representative payee projects to serve approximately 130 older people; 4 legal assistance projects to serve approximately 402 older people; an updated abstracted bibliography of current legal materials with at least 60 new publications; and written materials on protective services.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT FUNDING
FY 1985 FY 1986 FY 1987

MANAGEMENT OF AGING PROGRAMS
Demonstration

90PD0104
Florida Department of Health and Rehabilitative Services
Aging and Adult Services Program Office
1321 Winewood Boulevard
Tallahassee, FL 32301
Unified Administrative System for a Continuing Care Community
Margaret L. Duggar
(904) 488-2881
05/01/85 - 10/31/88 AoA : $ 28,771 $ 275,148 $ 250,000
OPPL : $ 93,853 $ 0 $ 0

The project seeks to develop a unifind administrative system for a continuing care community suitable for replication throughout the State. The project's objectives are to: (a) foster cross-agency case management; (b) remove currently existing gaps in services by waiving selected Federal and State eligibility requirements; and (c) implement a community-based administrative system that supports integrated service delivery in an effective manner. The project will operate in two demonstration sites--a rural community in Dowling Park, Advent Christian Village, of lead agency responsibility for services to the elderly, public/private agency configurations, agency locations and scope of services provided.

MANAGEMENT OF AGING PROGRAMS

90AR0107
National Association of State Units on Aging
2033 K Street, N.W. Suite 304
Washington, DC 20006
A Self-Assessment Protocol For Measuring The Performance of State Units on Aging
Daniel Quirk, PhD
(202) 785-0707
09/01/87 - 10/31/88 AoA : $ 0 $ 0 $ 199,990

NASUA, with the Research Triangle Institute (RTI) and Savant, Incorporated will design a protocol which allows State Units to determine how well they have carried out the legislative mandates of the Older Americans Act for comprehensive service system development, and followed good management practices in pursuit of this goal. The project team will construct a tool which identifies State Unit service system building activities, shows the State organizational changes which resulted from these efforts, determines what improvements in the quality of care for older persons occured, and measures the effectiveness of internal management controls in this regard.

The project will build on known examples of performance audits, agency analysis from a business perspective and assessments of community care systems development activities. The approach involves identifying relevant domains of analysis using the concept of stakeholder interviews, and developing a standard instrument and procedures with which State Units can eval uate and improve their service systems building capacity. To link State Units in using these tools, NASUA will employ its electronic bulletin board system.

LEGAL SERVICES
Training

90AM0266
National Senior Citizens Law Center
2025 M Street, N.W. Suite 400
Washington, DC 20036
Assistance in the Implementation of Legal Services Delivery Systems
Burton Fretz
(202) 887-5280
09/01/87 - 08/31/88 AoA : $ 0 $ 0 $ 200,000

Developers and providers of legal assistance to older people will receive substantive legal advice, support, case consultation, training and Technical Assistance for developing and implementing legal assistance delivery systems. Attorneys expereinced in areas of the law most often important to older people will provide case consulttion services, including research, analyses, cocounsel reltionships, direct and indirect legal assistance. Four national training seminars will be conducted for experienced legal assistance providers with responsibility for training and/or supervision. Sessions will focus on 1) Age Discrimination; 2) Medicare and Medicaid Home Health Care Services; 3) Nursing Home Ombudsman Training; and 4) Protective Services. Substantive advice and TA to providers on the design and implementation of legal assistance delivery systems will take the form of consultation and evaluative assessments of representation for approach and quality.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT	FUNDING FY 1985	FY 1986	FY 1987

PREPARATION FOR AGING
Demonstration

90AJ2004
East Arkansas Area Agency on Aging
Community-Based Care
P.O. Box 5035
Jonesboro, AR 72401
Life Care Planning for Retired Elderly Parents of Developmental Disabled Children
Becky Thompson
(501) 972-5980

	FY 1985	FY 1986	FY 1987
06/28/85 - 06/27/88	AoA : $ 43,000	$ 43,000	$ 43,000
	ADD : $ 42,000	$ 42,000	$ 42,000

Working with Focus, Inc. (serving the developmentally disabled), the project will identify target families and conduct assessments yielding parents' present level of planning and identifying unmet needs for life care planning for dependents. The project will offer options for developing life care plans from the materials and services provided by a volunteer financial and legal group. Training for both the aging and the developmental disabilities networks will be conducted. It will investigate intergenerational living arrangements in northeast Arkansas, develop a comprehensive resource directory, produce a videotape record of parents' concerns, and compile a manual describing financial and legal options.

PREPARATION FOR AGING
Demonstration

90AM0146
United Seniors Consumer Cooperative
1334 G Street, N.W., Suite 500
Washington, DC 20005
Independent Living Program
James Firman
(202) 393-6222

	FY 1985	FY 1986	FY 1987
06/28/85 - 06/27/88	AoA : $ 134,827	$ 129,164	$ 120,000
	OPPL : $ 30,940	$ 0	$ 0

The project will develop and demonstrate an innovative life services planning program to help 'at risk' older persons to avoid unnecessary institutionalization. Services will include financial planning, home equity conversion, group purchasing, consumer information, professional counseling and volunteer peer advocacy.

PREPARATION FOR AGING
Demonstration

90AM0152
Huntington Memorial Hospital
Senior Care Network
10 Congress Street
Pasadena, CA 91105
Develop and Test a Life Services Planning Model
Monika White, Ph.D.
(818) 356-3110

	FY 1985	FY 1986	FY 1987
07/01/85 - 08/31/88	AoA : $ 127,858	$ 156,544	$ 98,651

The Senior Care Network at Huntington Memorial Hospital is engaged in a demonstration designed to assist individuals, primarily in the 50-70 year age group, to develop plans for their potential long term care needs. The project has generated tremendous interest from the wider professional community in learning how this process could be applied in their own practices, particularly attorneys, financial planners, discharged planners, case managers and other senior serving personnel. They are eager to gain the knowledge required to help people take resonsibility for their future needs.

The project will develop and implement a project designed to train and educate professionals to assist the elderly and their families in establishing plans for a safer and more secure future. The focus will be on implementing a training program and preparing teaching materials, including video tapes. The original projects Advisory Board, consisting of legal and financial experts, would be continued to guide the development of the new program. The expanded efforts will target those who work with the elderly in other capacities. This will achieve a multiplier effect since more seniors and their families will be reached by serving them through several sources. In addition, the training will heighthen awareness and understanding of the issues faced by individuals as they age, this improving the level of their professionalservices.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT — FUNDING
FY 1985 FY 1986 FY 1987

PREPARATION FOR AGING
Demonstration

90AM0173
SAVANT, Inc.
5217 Crown Street
Bethesda, MD 20816
Design of Innovative Service Delivery Models to Meet the Future Needs of the Suburban Elderly
Alan F. Ackman
(301) 320-4848
07/01/86 - 11/30/87 AoA : $ 0 $ 145,000 $ 0

Project will develop models for packaging and financing services needed by suburban elderly. It has three phases: 1) identify future needs of the suburban elderly using functional impairment forecasting techniques; 2) develop and demonstrate model in-home and congregate service package in Kansas City, MO suburb; and 3) disseminate service benefit package as a HMO-like supplement to health insurance coverage for elderly. The outcome desired is a model for serving the needs of suburban elderly coupled with an effective approach for organizing community providers to offer social services benefits under HMO-like financing.

PREPARATION FOR AGING
Demonstration

90AM0179
Thiel College
Center for Lifelong Learning
College Avenue
Greenville, PA 16125
Retirement Planning for Adults in Their Thirties, Forties, and Fifties
Stanford Stenson, Ed.D.
(412) 588-3308
06/30/86 - 06/29/88 AoA : $ 0 $ 128,034 $ 139,860

This project will test pre-retirement training models for adults in the thirty-to-fifty-year-old group and will disseminate the models statewide and nationally. The site for initial testing in workshops for selected target populations will be the Pittsburgh metropolitan area. Among the elements to be tested are the effects of volunteer peer training, age cohort interactions, workshop settings and schedules, and communications models which bridge socio-economic categories. In the second year, additional testing will be done on a statewide basis, and dissemination networks will be established, tested, and used for the distribution of project findings and a workbook on methods and models for service providers.

PREPARATION FOR AGING
Demonstration

90AM0154
ALTA MED Medical Services
Indiana Senior Care Center
512 South Indiana Street
Los Angeles, CA 90063
The Linkages Program: Natural Networks for Life Services Plans Through Community Organization
Juli Solis, Ph.D.
(213) 263-0466
06/28/85 - 09/30/88 AoA : $ 175,000 $ 175,000 $ 175,000

Project will organize and strengthen community-based care for the frail and "at risk" elderly in order to reduce reliance on formal, government funded services for activities of daily living. Project will assist community organizations in development of volunteer programs and fund raising; develop life service plans for 70 clients; involve families, neighbors and graduate students in training programs.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT	FUNDING FY 1985	FY 1986	FY 1987

PREPARATION FOR AGING
Demonstration

90AM0182
New Jersey Department of Community Affairs
Division on Aging
263 West State Street, CN 807
Trenton, NJ 08625
Model Program to Assist Selected Groups in Mid-Life to Understand Aging
Ronald Muzyk
(609) 292-3766
06/30/86 - 06/29/88 AoA : $ 0 $ 41,759 $ 41,816

This project will develop four training modules, health, leisure time, financial planning and general aging for persons in mid-life in order to assist them in understanding the aging process and how to plan for their own later life. It will be demonstrated in work settings to a diverse group of employees. Evaluation will be in two parts, at the conclusion of the session and six months later to observe the impact of the program. Project objectives are: 1) to develop training materials that will assist persons in mid-life to plan for later life; 2) to field test the materials at selected sites; 3) to evaluate the results of the training materials and its impact upon the participants. The program will be designed for use nationwide and for diverse groups.

PREPARATION FOR AGING
Demonstration

90AM0184
Long Island University
Southampton Campus
Southampton, NY 11968
Pre-Retirement Planning for Mid-Life Women
Christopher Hayes, Ph.D.
(516) 283-4019
06/30/86 - 06/29/88 AoA : $ 0 $ 121,457 $ 126,485

In collaboration with the National Council on Aging, the project will identify the planning needs of women and will develop, test, and disseminate models to encourage realistic planning and to develop the skills necessary to prepare for an independent, secure old age. The project will develop: 1) written synthesis of all relevant research on women, aging, and pre-retirement planning; 2) a research and education-for-aging workshop program for women and a 150-200 page workshop manual; 3) Material for mid-life women will be tested in 16 sites in the Washington, New York and Baltimore areas and extensive evaluation will be conducted; 4) the workshop manual will be printed and widely disseminated.

PREPARATION FOR AGING
Demonstration

90AM0219
University of Delaware
Department of Individual & Family Studies
Rextrew House, 321 South College Avenue
Newark, DE 19716
Interactive Planning for Family Futures
Barbara Settles, Ph.D.
(302) 451-2934
08/01/86 - 07/31/88 AoA : $ 0 $ 150,000 $ 150,000

This project addresses the need for self funding personal and family futures through appropriate lifestyle planning during the mid-life decades. Four approaches based on one conceptual framework will be tested across Delaware with samples from three age groups in urban and rural settings. Each approach will yield a major product: 1) Manual and materials for group and individual sessions for peer counseling training; 2) Videotext for use by videotext information services and electronic mail systems; 3) Videotape for business training programs and home use; and 4) Interactive computer simulation for personal computer in the home or workplace. Existing research on current perceptions of aging and lifecourse transitions by the targeted groups will also be synthesized.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT		FUNDING FY 1985	FY 1986	FY 1987

PREPARATION FOR AGING
Information Dissemination/Public Education

90AM0218
Metropolitan Community College
Office of the Vice Chancellor, Educational Services
3200 Broadway
Kansas City, MO 04111
LIFEPLAN: Educating Middle Aged Adults on the Need for Long_Range Planning
Wayne Giles, Ph.D.
(816) 756-0220

08/01/86 - 07/31/88	AoA :	$ 0	$ 191,790	$ 200,000

This project will educate the general public toward a positive perception of America's elderly, and teach middle aged citizens the skills of lifetime planning so as to assure retirement years which are independent and productive. Lifeplan will: 1) Significantly influence the general public toward a positive perception of people over 65; 2) Motivate middle aged citizens to begin personal planning for their retirement years; 3) Emphasize the need for individual responsibility for self reliance; and 4) Provide expert opinions by creditable professionals in the fields of financial, physical, and mental health. The project will: A) Produce and air 48 thirty-minute video modules, and 48 public service video and radio announcements; B) Each quarter provide a major Lifeplan seminar in finance,physical and mental health; C) Conduct on-site Lifeplan seminars for employees of area businesses; D) Provide ongoing continuing education opportunities; E) Package the curriculums of Lifeplan in generic print and video materials; and F) Efficiently disseminate Lifeplan throughout the country.

PREPARATION FOR AGING
Information Dissemination/Public Education

90AM0291
The Memorial Society Fund, Inc.
2001 S Street, N.W., Suite 630
Washington, DC 20009
Funeral Education: Helping Older Americans Exercise their 'Last Rights' to Dignity and Economy
Cifford Brownstein
(202) 462-8888

09/01/87 - 08/31/88	AoA :	$ 0	$ 59,500	$ 0

The main objective of this project is to educate older people about funerals and burials in order to help them and their families avoid common problems and unnecessary expense associated with such purchases. This project will include a unique nationwide survey of prices and practices in the funeral/burial business to identify more clearly the major consumer problems. From the study data, the project will produce a guide for those serving the elderly, a simple pamphlet to advise and inform older people directly and a videocassette for group use. In addition, volunteers from the nation's 160 memorial societies will brief organizations assisting the elderly and supply peer counseling and speaker services.

PREPARATION FOR AGING
Demonstration

90DJ1035
American Bar Association
Commission on Mentally Disabled & Legal Problems of Elderly
1800 M Street, N.W.
Washington, DC 20036
Life Service Plans for the Elderly and Developmentally Disabled
Debbie Zuckerman, MS
(202) 331-2282

06/28/85 - 02/29/88	AoA :	$ 40,000	$ 50,000	$ 0
	ADD :	$ 25,000	$ 25,000	$ 0
	OPPL :	$ 75,278	$ 85,278	$ 0

The ABA Commissions on the Mentally Disabled and Legal Problems of the Elderly in conjunction with Legal Services of Northern Virginia will establish a three-part program for the elderly and DD populations: 1) training package that explains the financial, estate planning and alternative supervisory arrangements to support clients in the community; 2) train 20 volunteers; 3) encourage other communities to develop similar programs.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT	FUNDING FY 1985	FY 1986	FY 1987

PREPARATION FOR AGING
Research

90AM0220
Southwestern Ohio Seniors Services, Inc.
11100 Springfield Pike
Springdale, OH 45246
Strategic Plan for Service Delivery in the Suburbs
William Ciferri
(513) 782-2400
09/01/86 - 01/31/88 AoA : $ 0 $ 113,812 $ 0

Purpose of project is to develop a strategic plan for service delivery in the suburbs. Project will measure the future needs and resources of the older population, opportunities and threats in the environment, the strengths and weaknesses of the present service delivery system for older people, and propose strategies for the future. This will be accomplished by analyzing 1980 U.S. Census Data, secondary analysis of a 1980 needs assessment of suburban communities, collecting and analyzing data on the resources of the older population, conducting a gap analysis and formulating a strategy for the future. Expected outcome will be a major plan that specifies a broad course of action for Area Agencies on Aging to follow in the future. Equally important, six derivative plans will reflect the diversity of suburbs since the suburbs selected as model have distinct political structures, populations, service networks and tax bases.

PREPARATION FOR AGING
Research

90AR0073
Mississippi State University
Social Science Research Center
Miss. State, MS 39762
Ethnic Patterns of Adaptation to Aging and Effective Functioning in
Eunice McCulloch, Ph.D.
(601) 325-7797
09/30/85 - 02/29/88 AoA : $ 185,889 $ 0 $ 0

This study investigates ethnic differences in modes of adaptation to aging emphasizing social and psychological factors and health and nutrition practices contributing to greater independence and effective functioning in later years. The three groups studied include: Whites of the Appalachian Region, Delta Blacks, and Choctaw Indians of Mississippi. The study will contribute to general theoretical and applied knowledge in social gerontology. It will also benefit cooperating State Agencies by identifying strategies for assisting the aged of all groups.

PREPARATION FOR AGING
Research

90AR0076
U.S. Conference of Mayors
1620 Eye Street, N.W.
Washington, DC 20006
Community Planning to Promote Independent Living for Suburban Elderly
Larry McNickle
(202) 293-7330
07/01/86 - 02/28/88 AoA : $ 0 $ 149,998 $ 0

This project will increase the awareness and capacity of city and county elected officials, planners and other local officials to help develop policies, planning techniques and service delivery systems which will assist older suburban residents with independent living. Project will produce a report, 'Graying of Suburbia: Implications for Local Officials.' Two workshops for local officials and the aging network will be conducted.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT	FUNDING FY 1985	FY 1986	FY 1987

PROTECTIVE SERVICES
Demonstration

90AM0153
Center for the Public Interest
1800 North Highland, Suite 719
Los Angeles, CA 90028
Guardianship - Conservatorship and Institutionalization Diversion
Albert D. Buford, III
(213) 464-0357
06/28/87 - 06/27/88 AoA : $ 200,000 $ 200,000 $ 195,135

The project will have five tasks: 1) To study the guardianship diversion project in Jacksonville, FL run by ST. John's Episcoapl Cathedral and analyze it, 2)1 Develop, study and evaluate, and spin off a service program in Glendale, CA based on the Florida model, 3) Provide operational support to that program, foster the creation of other community based programs which provid e the same type of money management services, and offer technical assistance to other existing programs; 4) Disseminate information about the project service site and other similar programs across the country to a policy level audience, and 5) Scientifically evaluate the impact of service provision on a population of client s provided by LA County public agencies. The ultimate goal of the project is to develop a service which can be adopted by the private sector. Towards this end data will be collected in year one and major information dissemination and model development efforts will be targeted at the health services industry in year two, and the financial services industry in year three.

PROTECTIVE SERVICES
Demonstration

90AM0174
Michigan Office of Services to the Aging
P.O. Box 30026
Lansing, MI 48909
Improving the Quality of Guardianship Programs
Mary James
(517) 373-8563
06/01/86 - 08/31/88 AoA : $ 0 $ 60,140 $ 23,178

Project will develop comprehensive standards to ensure the quality of guardianship services for older persons in need and disseminate the standards for State-wide use. Technical assistance will be provided to develop model guardianship programs in selected Michigan communities. Products - to be shared extensively with other States - will include best practice guidelines, a brochure for guardians, and a model set of standards for guardianship services.

PREPARATION FOR AGING
Training

90AM0176
University of Southern California
Andrus Gerontology Center
University Park MC-0191
Los Angeles, CA 90089
Education and Training to Prepare Key Social Institutions to Meet the Needs of an Aging Society - Focus on Corporations and Labor
Helen Dennis, MA
(213) 743-5156
07/01/86 - 05/30/88 AoA : $ 0 $ 146,867 $ 0

This project is a State model for educating management and labor to increase employment and retention opportunities for older workers. Objectives are to (1) increase knowledge and skills of corporate managers to make decisions that will encourage employment and retention of older workers; (2) identify opportunities for older workers by creating a plan for policy and programmatic changes within corporations; (3) increase awareness of decision makers regarding the impact of an aging society; and (4) provide educational materials about older workers to local unions. A nationally tested management training program on aging will be presented by the project director and subsequently by 20 corporate trainers to 500 managers from 20 leading California corporations. Managers will participate in writing a manual identifying corporate changes that will increase use of older workers. The program, evaluation results and manual will be disseminated at a seminar for decision makers. Also, five state-of-the-art fact sheets on aging, written specifically for labor, will be disseminated to 200 local California unions.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT	FUNDING FY 1985	FY 1986	FY 1987

SUPPORTIVE SERVICES
Demonstration

03AM0217
Philadelphia Corporation for Aging
111 North Broad Street
Philadelphia, PA 19107
Post-Hospital Community Care Project
David M. Eisenberg, Ph.D.
(215) 496-0520
06/01/86 - 05/31/88 AoA : $ 0 $ 107,644 $ 82,269

The Post-Hospital Community Care Project will provide short-term home care up to six weeks for 400 elderly people being discharged from acute-care hospitals. It will develop a cost-effective model of non-medical supportive services to promote health recovery and independence as well as a system of co-payment for services, the cost being shared by clients, hospitals, and third party payors. It is structured as a partnership between AAA, hospitals and community service agencies. It will develop a replicable model of service delivery.

SUPPORTIVE SERVICES
Demonstration

04AM0283
First Tennessee Development District
Area Agency on Aging
207 N. Boone Street, Suite 800
Johnson City, TN 37601
Community-wide Case Management Program
Pat Brown
(615) 928-0224
09/30/86 - 09/29/88 AoA : $ 0 $ 50,000 $ 50,000

This project proposes four systems changes to make a case management program self supporting. The project's Policy Council will be expanded to include service-provider members paying annual membership fees. It incorporates a reversed SHMO model with providers paying for service. It employs a client assessment and identification process to ensure that the most needy have a prior claim on services. Finally, it makes greater and more effective use of the informal support system.

SUPPORTIVE SERVICES
Demonstration

06AG0318
Arkansas Department of Human Services
Division of Aging and Adult Services
Suite 1428, Donaghey Building
Little Rock, AR 72201
Project 2000: Long-Term Care in Arkansas
Herb Sanderson
(501) 371-2441
08/01/86 - 07/31/88 AoA : $ 0 $ 242,022 $ 0

Directed by the Arkansas SUA, with commitments from major public and private agencies, this project is aimed at producing significant systems change in the planning and utilization of long term care services. It encompasses private sector development of residential care facilities, feasibility studies on LTC insurance and S/HMOs, and volunteer-led local coalitions as key participants in the development and implementation of long term care systems.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT — FUNDING FY 1985 — FY 1986 — FY 1987

SUPPORTIVE SERVICES
Demonstration

90AM0263
Pierce County Area Agency on Aging
2401 South 35th Street
Tacoma, WA 98409
Improved Access and Volunteer Community Services for Unserved Elderly in Tacoma-Pierce County
Pamela J. Fortin
(206) 591-7219
08/01/87 - 12/31/89 AoA : $ 0 $ 0 $ 169,395

This Neighbor-to-Neighbor Project will design and promote an informal neighborhood response system to reach approximately three hundred frail older persons in greatest social and economic need who are not receiving services from the formal services system and who, accordingly, are vulnerable to losing their independence and ability to live at home. Project will identify and train volunteers in selected communities to act as gatekeepers and develop local responses to the needs of these seniors in their specific communities. Three communities, two rural and one urban, will participate in the program based on senior population, social-economic mix, service utility patterns and sense of community. Expected outcomes and products: (1) Informal service systems responsive to specific needs in target communities; (2) Locally based gatekeeper programs in the target communities; (3) Implementation of a marketing plan to county residents which encourages development of Neighbor-to-Neighbor and the gatekeeping approach in other communities; and (4) Instructional package for replication of Neighbor-to-Neighbor in other communities.

SUPPORTIVE SERVICES
Demonstration

90AM0268
Maryland Department of Health And Mental Hygiene
Preventive Medicine Administration
201 West Preston Street, Room 303
Baltimore, MD 21201
Training Caregivers in Occupational Therapy Skills
Valeria Tocci
(301) 225-6764
08/01/87 - 01/01/89 AoA : $ 0 $ 0 $ 164,895

A study group of 240 at-risk elderly with problems in accessing services will be identified through the local Geriatric Evaluation Services and project Gateway II Programs. These State-supported programs provide a variety of services to health-impaired elderly. In-home occupational therapy services to elderly Maryland project participants, and education and skills training to their caregivers will be provided through agreements with the Maryland State Department of Health and Mental Hygiene and local health departments and sub-contracts to Occupational Therapists. Project goals are to increase the elderly's functioning; increase knowledge and utilization of occupational therapy concepts, skills and techniques; and decrease stress in the elderly and their caregivers. Caregivers will be educated and trained to become more skilled and knowledgeable health promoters for their vulnerable dependents. The outcomes will include training materials for the elderly and caregivers.

SUPPORTIVE SERVICES
Demonstration

07AM0338
Boys and Girls Club of Greater Kansas City
3831 East 43rd Street
Kansas City, MO 64130
Give a Day in Your Life
Joan Israelite
(816) 923-1232
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 36,603

This project will create a model for an intergenerational chore Service by recruiting 80 minority teenagers to provide chore service to 400 low-income minority. This project will foster intergenerational understanding, provide a volunteer experience for 80 minority teenagers, and establish a work record for these teenagers. Minority teenagers will be trained and matched with low-income elderly needing assistance with chores. The project will foster volunteerism in youth, assist low-income sessions to live independently and the model will be shared with other youth organizations and Boys and Girls Clubs Nationally.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT — FUNDING FY 1985 — FY 1986 — FY 1987

SUPPORTIVE SERVICES
Demonstration

90AM0277
Tri-County Aging Consortium
500 West Washtenaw
Lansing, MI 48933
Crisis Intervention Team as an Innovative Interagency Response to Elder Emergencies
Roxanna Peterson
(517) 483-4150
08/01/87 - 10/31/88 AoA : $ 0 $ 0 $ 79,623

This project addresses crises in the lives of older persons for which there are no easy solutions. The project will use interagency crises teams, available 24 hour-per-day, 7-days-per-week, to remove barriers to care. Barriers include the person's multiple needs, gaps in agency responsibility, service gaps and understaff agencies. To overcome barriers, this project will: (a) create a formal, trained county network of service agencies and (b) establish innovative, interagency crisis intervention teams to response through a hotline and an operation center. Expected outcomes include: (1) a set of community wide procedures for handling emergencies; (2) additional resources for temporary shelter for older adults; (3) fewer elder emergencies; (4) trained personnel to assist elderly in emergencies; and (5) an identification of needed legislative changes in the Adult Protectivew Services Act and the Mental Health Code. Products include: (a) a procedure manual for the teams, (b) a training package and (c) a county resource directory.

SUPPORTIVE SERVICES
Demonstration

90AM0288
Area Agency on Aging of Western Michigan, Inc.
Two Fountain Place, Suite 540
Brand Rapids, MI 49503
A 24-Hour Response System for Frail Elderly in a Caregiving Crisis
Suzanne FilbyClark
(616) 456-5664
08/01/87 - 12/31/89 AoA : $ 0 $ 0 $ 102,348

The purpose of this project is to establish a 24 hour response system which will manage care giving crises. Objectives include arranging for immediate care, contacting the family, and following through with long-term care planning and management. Method includes a special purchase of service account which will be funded by a local foundation and AAAWM. This account will be created to reimburse up to 72 hours of crisis in-home care, as no other payment method usually exists. Two existing community ortanizations will provide the crisis service-the care management program and a home health agency. Outcomes include: (1) providing a needed safety net for 100 vulnerable older persons who have chronic and profound physical or mental problems and who are at risk of leaving their homes; and (2) supporting the role of the family as caregiver.

SUPPORTIVE SERVICES
Demonstration

90AM0304
Kennebec Valley Regional Health Agency
P.O. Box 728
Waterville, ME 04901
Public Housing Resident Supportive Services Program
Jeanne Langsdorf
(207) 873-1127
09/30/87 - 09/29/90 AoA : $ 0 $ 0 $ 50,000

The project will provide subsidized supportive services to 40 low-income elderly residents of public housing, through a program named "Age Well" services will be provided as a package or on an individual basis through a voucher system. The purchase of services will be made in a manner no different than for persons who are participating in "age well" as unsubsidized consumers. The project will develop other sources of support for low-income consumers to continue in the program after Federal support ends.

ACTIVE GRANTS
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PROJECT | FUNDING FY 1985 | FY 1986 | FY 1987

SUPPORTIVE SERVICES
Demonstration

90AM0306
Visiting Nurse Association of Delaware
2713 Lancaster Avenue
Wilmington, DE 19805
Supportive Services for Low Income Elderly in Public Housing
Marsha Spear
(302) 323-8200
09/30/87 - 09/29/90 AoA : $ 0 $ 0 $ 50,000

The project will subsidize supportive services to 250 low income elderly residents of the Wilmington Housing Authority. The objective is to determine if these consumers demonstrate the same types of purchasing behavior as individuals with private funds. Enhanced independence and delay of institutionalization are the expected outcomes. Provision of supportive services will enable a higher level of functioning for elderly whose impairments amy reduce independence. The program will identify through market research the supportive services needed in the community; and based on these analyses, expand the availability of nontraditional health and health-related services for the elderly.

The project will demonstrate a new mechanism for financing supportive services through prospective, capitated reimbursement.

SUPPORTIVE SERVICES
Demonstration

90AM0307
Visiting Nurse Services Affiliates
811 First Avenue
Seattle, WA 98104
Supportive Services Program For Older Persons
George Smith
(206) 382-9700
09/30/87 - 09/30/90 AoA : $ 0 $ 0 $ 50,000

Project woll provide supportive services to residents of public housing in Seattle. Approximately 40 persons will participate in the project. Each participant will be eleigible for up to a $1,000. Annual voucher that can be exchanged for the provision of a variety of supportive services. Consumers will choose from a menu of services which previous research indicates are needed and wanted. Project will explore innovative purchase of service options and attempt to be financially; self-supporting after Federal support ends.

SUPPORTIVE SERVICES
Demonstration

90AM0305
Visiting Nurse Association of Texas
8200 Brookriver Drive, Suite 200N
Dallas, TX 75247
Supportive Services for Low Income Elderly in Public Housing
Susan Seifert
(214) 689-0009
09/30/87 - 09/29/90 AoA : $ 0 $ 0 $ 50,000

The project will provide supportive services to low income elderly living in public housing. The objective is to determine what supportive services low income elderly will choose when given buying power.

The project will serve at least 40 elderly residing in the Dallas Housing Authority mixed family developments. These individuals will receive drawdown accounts from which they may purchase services such as housekeeping, meal preparation, personal care services, laundry and bed change, grocery shopping, transportation/escort services, and home delivered meals.

Services will be delivered through a case management system with some provided directly by the VNA. Others will be provided through contractual arrangements with vendors, and others through referral to existing community resources.

Expected benefits include a prolonged period of independence for the client and access to an expanded range of services. The public housing authority should benefit in better maintained units and the improved functioning of their residents. Data on low income elderly purchasing choices will also be available for analysis.

Finally, the results of the program may demonstrate to public housing authorities the value of a coordinated program of supportive services and may encourage the permanent provision of such services in their unit.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT — FUNDING FY 1985 — FY 1986 — FY 1987

SUPPORTIVE SERVICES
Research

90AR0109
Columbia University
School of Social Work, Brookdale Institute on Aging
622 West 113th Street
New York, NY 10025
Transfer of International Innovations in Home Care Services for the
Abraham Monk, Ph.D.
(212) 280-5169
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 133,114

This project will identify successful home care services for the aged in six countries and adapt them into a replicable Model for the United States. Study outcomes will include reports; an integrated service framework and practical guidelines to be disseminated in cooperation with a national organization in the field of home care.

SUPPORTIVE SERVICES
Training

03AM0242
In Touch And Concerned, Inc.
364 High Street, Room 226
Morgantown, WV 26505
Intergenerational Project
Marsha Lubman
(304) 296-6109
09/01/87 - 02/28/89 AoA : $ 0 $ 0 $ 37,497

This project will provide supplemental supportive services to elderly residents so they may continue to live in their homes and provide young volunteers with the opportunity to broaden their knowledge about the field of Aging, volunteerism and career development. Thirty (30) young volunteers (ages 12-17) will be recruited and trained. Each volunteer will be matched with one elderly person to visit once a week and perform tasks delineated in a client service plan. A training package for volunteers will be developed for distributed to appropriate youth oriented program.

SUPPORTIVE SERVICES
Training

07AM0335
Iowa Department of Human Services
Bureau of Refugee Programs
1200 University Avenue, Suite D
Des Moines, IA 50314
Southeast Asian Elderly and Youth Integration Through Service
Marvin A. Weidner
(515) 281-3119
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 19,170

The project will involve Girl and Boy Scout volunteers in serving Southeast Asian elderly, and elderly Southeast Asians as volunteers in the Asian Scouting programs. The primary goal is to meet the needs of Southeast Asian refugee elderly through the involvement of refugee youth. A secondary goal is to help refugee youth develop abilities and skills in providing assistance to the elderly. The elderly will be identified by the Bureau of Refugee Programs. Volunteer youth will be recruited and trained by the Moingna Girl Scout Council andthe Mid-Iowa Council, Boy Scouts of America. The youth will conduct projects tailored to the specific needs of the elderly client. The project will assist the elderly with home management, mainenance and repairs, gardening, shopping, transportation and recreation. The youth volunteers wil learn new skills in providing services to the eldery. The youth also can be a bridge for the elderly into American Society.

ACTIVE GRANTS
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PROJECT FUNDING FY 1985 FY 1986 FY 1987

USE OF THE ELDERLY AS RESOURCES
Training

01AM0053
Maine Committee on Aging
State House Station-127
Augusta, ME 04333
Maine Committee on Aging Intergenerational Project
Romaine Turyn
(207) 289-3658
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 46,495

This project will train 40 elderly volunteers to develop, and implement a curriculum in Life Planning to be presented to 20 junior high schools in Maine, reaching 300 students. Elderly volunteers and students will be involved in the development of the videotape and a curriculum guide. Volunteers will teach the need for life planning skills. The curriculum and videotapes produced will be made available to schools, private businesses and elderly groups.

SUPPORTIVE SERVICES
Training

90AT0338
Temple University
1601 North Broad Street
Philadelphia, PA 19122
'Time Out': An Intergenerational Respite Care Project
Nancy Z. Henkin, Ph.D.
(215) 787-6970
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 50,000

The goal of the project is to test an intergenerational model of respite care involving college students as temproary caregivers of impaired elders. Objectives include: recruiting and training 60-80 students; providing low-cost quality respite care to a minimum of 40 families; and, producing audiovisual and written materials which can be used to replicate theprogram in other communities. Studentswill berecruited from human service and health care programs in Montgomery County, Pennsylvania area colleges. Families will be referredby the Montgomery County AAA and Temple's Geriatric Medical Practice. Students will be paid by the families and will provide companionship and assistance with tasks of daily living. Expected outcomes include: the creation of a pool of trained respite careworkers; formalized linkages between area colleges and the AAA; the developed of a part-time employment model for students; the creation of a slide-tape show and training materials; and, the publication and dissemination of a program development manual.

CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Research

90AT0201
Atlanta University
Gerontology/Sociology
223 James P. Brawley Drive, S.W.
Atlanta, GA 30314
Minority Manpower in the Aging Network
Wilbur H. Watson, Ph.D.
(404) 681-0251
09/01/86 - 02/29/88 AoA : $ 0 $ 119,527 $ 0

This project will study career paths of minority students who have completed gerontology training programs in Historically Black Colleges and Universities (HBCUs) and in Non-HBCUs in the United States since 1969. Comparative analyses will focus on: 1) Career aspirations of minority students currently enrolled in HBCU and non-HBCU gerontology programs; 2) actual employment of minorities who have completed HBCU and non-HBCU programs in 1969, 1973, 1977, 1981 and 1985; and 3) differential trends in employment of minorities and non-minorities employed and patterns of mobility in Area Agencies on Aging between 1981-1987. Forecasts of needs for minority personnel will be developed. Policy recommendations for the development and retention of minority personnel in the field of aging over the next several decades in the United States will be developed.

ACTIVE GRANTS
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CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0152
North Carolina Central University
Public Administration Program
P.O. Box 19552
Durham, NC 27707
Multidisciplinary Career Training in Gerontology for Minorities
Clarence Brown, Ph.D.
(919) 683-6240
09/30/85 - 03/30/88 AoA : $ 99,753 $ 0 $ 0

This project will establish the first State-supported multidisciplinary program in gerontology for minority students at an HBCU in North Carolina with a strong emphasis in public administration, devise a model curriculum for other HBCUs and place students in internships.

CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0181
Maryland Office on Aging
301 Preston Street
Baltimore, MD 21201
Statewide Development of Interdisciplinary Aging Content in Health Professional Training
Donna C. Folkemer
(301) 225-1270
07/01/86 - 11/30/87 AoA : $ 0 $ 188,444 $ 0

This project supports training and faculty development activities of the University of Maryland at Baltimore's Area Health Education Center. They will develop and conduct a five day 30 hour interdisciplinary introductory geriatric training course for 25 graduate and upperclass students in medicine, nursing, dentistry, dental hygiene, pharmacy and social work for students enrolled in the University. It will support three off-campus clinical training sites at a senior center, a non-profit ambulatory health center, and a Veterans Administration medical center for students and faculty. It will develop an interdisciplinary geriatric curriculum and offer technical assistance to faculty in 15 academic institutions in the State. A telephone survey of health professional academic training programs will be conducted to determine the status of geriatric education in the State.

CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

09AT0079
Northern Marianas College
Nursing Program
Saipan, CM 96950
Nursing Education Program for Geritric Care System
Oliver June, R.N.
(670) 234-6932
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 63,227

This project will develop a health monitoring, assessment and referral program for older residents of Saipan, Rotan and Tiwian Islands stated, in part, by nursing students enrolled in Northern Marianas College. Students will develop and have access to medical records maintained by the Commonwealth of Marianas Health Center on Saipan transported from the college to the Aging Center (senior center) to conduct assessments. Homebound elderly will receive routine health monitoring from student and supervisory nurse visitations. Geriatric content will be added to the basic registered nurse training program on Saipan and cooperation has been pledged by the University of Guam to make aging resource materials available to Saipan students enrolled in their Bachelor of Science in Nursing program.

ACTIVE GRANTS
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FY 1985 FY 1986 FY 1987

CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0182
Syracuse University
All-University Gerontology Center
Brockway Hall
Syracuse, NY 13244
Instruction Design for Retailers and Industrial Designers: Sensitizing the Marketplace to Gerontology
Neal Bellos, Ph.D.
(315) 423-4693
07/01/86 - 11/30/87 AoA : $ 0 $ 126,275 $ 0

The project will develop, test and disseminate educational materials to be used in the professional academic training of retailers and industrial designers. It is important that such professionals involved in scientific and technological applications have knowledge of gerontology to create better products which incorporate the needs and preferences of older consumers. The project objectives are: 1) to design, produce, field test, evaluate and revise instructional modules for the industrial design and retailing academic programs; and 2) to design a State and national approach for dissemination and adoption of the program materials. The instructional modules will be designed for use in the classroom or independent learning situations.

CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0183
University of Illinois at Chicago
School of Public Health
2121 West Taylor Street
Chicago, IL 60612
Development of a Joint Masters Degree Program in Public Health and Business Administration.
Jacob A. Brody, M.D.
(312) 996-6620
07/01/86 - 11/30/87 AoA : $ 0 $ 147,121 $ 0

This project will develop a joint master's degree program in Public Health and Business Administration with a specialization in gerontology. It will introduce aging content into existing courses offered by Master's degree programs in Public Health (MPH) and Business Administration (MBA). Graduates will be prepared for management of organizations providing health care for the elderly. An on-campus faculty development seminar will be held during the grant period. Two off-campus workshops for 25 faculty and institutional personnel directors will be held outside the Chicago Metropolitan area. Full stipend support will be given to 6 students.

CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0193
Trustees of Columbia University School of Public Health
600 W. 168th Street
New York, NY 10032
Gerontology Training for Long_Term Care of the Elderly: MPH LTC ADM.
Ruth Bennett, Ph.D.
(212) 781-0600
07/01/86 - 11/30/87 AoA : $ 0 $ 116,842 $ 0

The project will develop and implement a program leading to a Master's degree in Public Health in LTC Administration. Curricula development, program promotion and student recruitment will result in students prepared for LTC administrative positions. Other outcomes include a model curriculum, a practicum manual and a student handbook.

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CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0331
American Association for Counseling and Development
5999 Stevenson Avenue
Alexandria, VA 22304
Infusing Gerontological Counseling into Counselor Training
Jane Myers, Ph.D.
(703) 823-9800
10/01/87 - 12/31/88 AoA : $ 0 $ 0 $ 117,531

The purposeof the project is to improve the quality of counseling services to older persons by increaseing and institutionalizing gerontological counseling concepts and courses into existing counselor preparation programs. The project objectives are to: (1) develop cirriculum Guidelines for use by counselor education in their classes; (2) develop video-tape discussing and demonstrating counseling with older adults; (3) submit standards in gero-counseling to counselor accreditation programs; (4) train 100 counselor education faculty to infuse gerontological concepts into their courses; (5) consult a panel of experts in development and training activities; and (6) evaluate the impact of the project. Project approaches include collaborating with the National Association of State Units on Aging and the Association for Counselor Education and Supervision on materials development and training; surveying counselor education programs on existing training in gerontolgy; training counselor educators; and surveying professors and students to evaluate the project. Products include the Curriculum Guide and video-tapes on ger-counseling.

CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0341
Chicago Department on Aging and Disability
501 North Peshtigo Court, 3A
Chicago, IL 60611
Minority Management Training Program
Renee Lumpkin
(312) 744-7305
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 14,400

Under the Minority Management Training Project, the Chicago Department on Aging and Disability will place twelve minority individuals in twelve-month management internships in its network of approximately 400 aging services agencies. Eligible applicants will be recruited from thirty-three colleges and universities, aging service agencies and other human services organizations. Preference will be given to minority persons with disabilities. Interns will receive a monthly stipend and the department will provide adaptive aids to assist the intern on the job, if needed. It is anticipated that at least 75% of the interns will be retained by the host agency or placed in management positions in other service agencies. A project evaluation and final report will be disseminated throughout the aging network.

CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0194
University of South Florida
International Exchange Center on Gerontology
P.O. Box 3208
Tampa, FL 33620
Academic Training in Aging for Florida Educators
Halaine-Sherin Briggs, Ph.D.
(813) 974-2833
07/01/86 - 03/31/88 AoA : $ 0 $ 125,000 $ 0

The project, Academic Training in Aging for Floride Educators, is to serve as a model for integrating aging education into the teacher training curricula. Objectives are based on performance of 300 students (Group A) after completing 21 hours in aging education in the Project, (ATAFE), at the University of South Florida College of Education. Students will be introduced to information on aging, methods of integrating aging into specific content areas, and effective use of older school volunteers in 2 required courses. The project will determine impact of the project through use of an experimental and control group. Change in knowledge will be evaluated through employing the Palmore Facts on Aging Quiz.

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CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0358
University of Illinois
College of Medicine
1601 Parkview Avenue
Rockford, IL 61107
Interdisciplinary Geriatrics Education in Long-Term and Primary Care Within a Small Community
Michael Glasser, Ph.D.
(815) 395-5639
10/01/87 - 02/28/89 AoA : $ 0 $ 0 $ 58,462

The project will iniitate a "teaching nursing home" and develop an assessment tool to identify at-risk community elderly. Project objectives include increasing student-patient contact hours iwht the elderly, convening case presentation conferences about nursing home residents, making patient assessments of community health center patients and increasing the frequency of planning for family long-term care needs. The interdisciplinary project will invite faculty and students from medicine, pharmacy and social work for dietetic and clinic experience within a nursing home and a primary care community health center to provide training about assessment, direct care, and case management needs fo older persons. Products generated will be a documentary videotape of case presentation conferences, a slide presentation of findings and an article for publication and presentation to professional and academic groups. Results of the project will be integrated into the geriatric curricula of participating disciplines and be useful to academic institutions wilth faculty located in rural and small town areas.

CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0360
National Hispanic Council on Aging
2713 Ontario Road, N.W.
Washington, DC 20009
Hispanics In Gerontology
Marta Sotomayor, Ph.D.
(202) 745-2521
10/01/87 - 03/01/89 AoA : $ 0 $ 0 $ 149,969

The National Hispanic Council on Aging (NHCoA) will develop and implement a 12 month management trainee program for the training of six Latino professionals for management positions in the field of aging. NHCoA will seek host agencies who are State of Area Agencies and other public and private agencies that provide services for the aged. The placements will be in several geographic ares with large Hispanic elderly populations which are located in Rio Grande Valley of Texas, Northern New Mexico, the Bay area of California, Puerto Rico, Wichita, KS, St. Louis, MO, and the Washington, D.C. The host agencies selected will provide a variety of management experiences and will be agencies which have a high potential for placemnt of the trainees in administrative and management positions upon completion of the training program.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS

90AT0329
University of New Mexico
Institute of Public Law
1117 Stanford NE
Albuquerque, NM 87131
Statewide Training For Discharge Planners Serving Older Persons in New Mexico
Meredith Cote
(505) 277-5006
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 95,500

The purpose of project is to provide statewide training to New Mexico discharge planners serving older perosons. Two-day sessions will be held at 5 sites in New Mexico. Teaching methods will include lectures and case-based workshops. Faculty will include University of New Mexico nursing and law faculty and staff. The project is being done in collaboration with the NM Association for Continuing Care, AARP, and the SUA and AAA. Products expected are: (1) videotapes; and (2) A continuing care resources directory.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

01AJ0046
University of Massachusetts
School of Nursing
Boston Harbor Campus-Science Building
Boston, MA 02125
Improving Elder Care In Nursing Homes
Dolores A. Miller
(617) 929-7095
09/30/86 - 02/29/88 AoA : $ 0 $ 166,592 $ 0

This project will influence nursing education toward creation of an excellent long-term care environment for nursing home residents through an education program developed by the Massachusetts School of Nursing and the Massachusetts Long-Term Care Foundation. Outcome expected include: 1) 30-40 students participation, 2) new curriculum for dissemination, and 3) program information for dissemination to nursing homes.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

01AM0052
Maine Department of Human Services
Bureau of Maine's Elderly
State House, Station #11
Augusta, ME 04333
Education and Training for Managers of Elderly Subsidized Housing
Christine Gianopoulous, Ms.
(207) 289-2561
09/30/87 - 02/28/89 AoA : $ 0 $ 0 $ 44,833

The goals of this project are to increase housing manager knowledge and understanding of elderly needs and services and improve their skills in coping with difficult elderly tenent issues such as substance abuse. An interagency state level colation including the Main State Housing Authority, the Bureau of Mental Health, the National Council on Alcohlism in Maine, and the Bureau of Maine's Elderly will develop and conduct five, regional, two-day workshops for 125-150 local housing managers. Post-training consultation will be given to all participants on request. One housing manager in each Area Agency on Aging planning and service area will be assisted in their development of a Tenent Assistance Program (tap) based on a model developed in Massachusetts Post-training participant evaluation of training and technical assistance and documentation of project will be disseminated to other states.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Information Dissemination/Public Education

90AJ2011
University of Missouri
5100 Rockhill Road
Kansas City, MO 64110
Approach to the Service Needs of the Developmentally Disabled Elderly
Phyllis Kultgen, Ph.D.
(816) 474-7770
09/01/86 - 10/31/87 AoA : $ 0 $ 66,708 $ 0
ADD : $ 0 $ 21,903 $ 0

This project is designed to disseminate materials developed through a prior grant. The materials are designed to accomplish the following: 1) Provide caseworkers and other professionals with information regarding the special problems of older persons with disabilities; and 2) Provide proven techniques on how to pair developmentally disabled elders with non-handicapped older persons to pursue normal activities.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

02AT0074
Puerto Rico Gericulture Commission
Department of Social Services
Apartado 11398
Santurce, PR 00910
Training of Social Services Technicians to Serve the Elderly
Becerra Aida
(809) 722-7400
09/30/87 - 02/28/89 AoA : $ 0 $ 0 $ 105,936

This project provides short-term training for social services technicians working in 78 local offices of the Puerto Rico Department of Social Services which provide basic economic assistance, homemaker, counseling and referral, and other services to the general population restructuring of department direct services from individuals to family units will bring all staff members of the Child Welfare, Economic Assistance Nutritional Assistance Programs into context with the elderly for services previously provided by the Adult Services Program. Two-day training seminars in each of 10 island regions will be held on normal processes of aging, common health and social conditions of older persons, community resources and communication techniques using available bilingual training material. Two three-day training sessions will be held for supervisory level social service technicians.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

03AT0228
Temple University
Institute on Aging
1601 North Broad Street
Philadelphia, PA 19122
Statewide Continuing Education and Training for Professionals in Pennsylvania Hospitals, Nursing Homes, etc.
Evan Sorber, Ed.D.
(215) 787-6970
08/01/86 - 12/31/87 AoA : $ 0 $ 191,656 $ 0

This project will increase the knowledge and skills of professionals from hospitals, nursing homes and personal care facilities through short-term training in gerontology/geriatrics, clinical practice, in-service training, health care services administration, and developing linkages between and among caregivers and community-based services. Specific syllabi will be developed and workshops to cover subject matter. The project will produce a curriculum guide training manual and three monographs on caring for the elderly.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

03AT0239
University of Maryland
Center on Aging
Francis Scott Key Hall
College Park, MD 20742
Partners in Aging and Developmental Disabilities: Focus on Day Care
Edward Ansello, Ph.D.
(301) 454-5856
08/01/87 - 12/31/88 AoA : $ 0 $ 0 $ 143,813

This project will develop greater cooperation between Aging network senior centers and adult day care center programs and developmentl disabled day programs through education, training and internship of program managers and site personnel.

An interagency planning council will assist in planning and implementation of a 30 hour, 10 topic training program in four State-wide regions and a professional exchange of developmental disabilities and aging day care managers. It is expected that professional development activities conducted under this project grant will increase the appropriateness of services given frail and developmentally disabled elders and reduce paraprofessional turnover.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

03AT0244
Pennsylvania State Association of County Commissioners
17 North Front Street
Harrisburg, PA 17101
Training Pennsylvania Elected Officials in Long-Term Care
Nancy Rorem
(717) 232-7554
09/01/87 - 08/31/88 AoA : $ 0 $ 0 $ 111,193

Applicant will conduct a series of training sessions for county commissioners and State legislators to acquaint them with needs of the older population, the role of AAA's and the development of comprehensive systems of services to meet needs. Training will include a 1 1/2 day seminar on Federal and State perspectives; 5 to 6 regional workshops for commissioners and AAA review of the local long term care system; and a wrap up session to prepare recommendations for State policy makers. Deliverables include a LTC Handbook, Proceedings from Statewide Meeting and a Final Report for State Policy Makers.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

05AL4861
Miami University
Scripps Gerontology Center
Hoyt Hall
Oxford, OH 45056
Serving Older Constituents: An Orientation for Elected Public Officials
Mildred Seltzer, Ph.D.
(513) 529-2914
09/01/87 - 08/31/88 AoA : $ 0 $ 0 $ 280,181

Project is a joint effort by the Scripps Gerontology Center and the Ohio Department of aging to educate elected public officials at the state, county, municipal and township levels of government regarding the needs of older Ohioans. The 3 objectives of the project are to: (1) increase knowledge of elected public officials about older constituents (2) strengthen linkages between public officials and the aging network, and (3) facilitate continued development of comprehensive and coordinated community based services for older persons and their caregivers. The project will involve three educational components: (1) general orientation to issues and facts about aging for members of Ohio's General Assembly, Governor's Office and Statewide associations of countycommissioners, municipal officials and twonship trustees, (2) will train all public officials in two model counties-one urban and one rural and (3) will train area agency staff to conduct the training of elected public officials.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

03AT0241
Maryland Office on Aging
301 West Preston Street
Balitmore, MD 21201
A Statewide Training Program for Paraprofessional Home Care Workers
Suzanne Bosstick, Ph.D.
(301) 225-1083
09/30/87 - 02/28/89 AoA : $ 0 $ 0 $ 146,508

This project will develop Statewide standards for the quality of in-home services, develop and implement a comprehensive training program in corporating these standards, design a monitoring mechanism for quality Assurance of performance, and develop a plan for evaluating the effectiveness of training. A coalition of State Agencies and non-profit organizations administering Federal and State supported in-home service programs will develop Statewide standards for quality care and give guidance to the development of a training protocol. Trainer teams involving nurses, social workers, dieticians and home economists under contract to the Associated Catholic Charities and Jewish Family Services will conduct 18 regional workshops training 350 aides.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

05AT5944
Eastern Michigan University
School of Social Work
411 King Hall
Ypsilanti, MI 48197
Training on Minority Elderly, for Medical Social Workers
Donald Loppnow, Ph.D.
(313) 487-0393
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 103,164

This project will train medical social workers on the needs of Black, Hispanic and Arab-American older persons to increase their access to appropriate services and care and enhance their sucessful transition from accute health institutional care to community supportive service. With the cooperation of the State Agency on Aging and Michigan chapter of the National Association of Social Workers, the university will develop train and test three and four day workshops held one day a month in three in-state regional locations for 150 medical social workers. Training modules for Black, Hispanic and Arab minority groups will feature video tapes and student manual instructional materials.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

06AG0316
New Mexico State University
The Institute for Gerontological Research/Education
Las Cruces, NM 88003
Continuing Education for Paraprofessionals and Managers in New_Mexico Aging Network
Stephanie Fallcreek, Ph.D.
(505) 64[illegible]-3426
08/01/86 - 01/01/88 AoA : $ 0 $ 158,569 $ 0
Q1 : $ 0 $ 0 $ 0

This project will provide continuing education for home health aging managers and supervisors and health care paraprofessionals in the physiological and psychological processes of aging, caregiving skills and health promotion/maintenance techniques. Training sessions on special topics will be delivered in four PSAs in the State.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

07AM0334
Butler County Community College
Division of Nursing/Allied Health
901 Haverill Road
El Dorado, KS 67042
Enhancing the Care of the Older Adult in the Long Term Care Setting: Training the Geriatric Nurse Aide Instructor
Patricia Maben, R.N.
(316) 321-5083
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 23,871

This project will improve the qualifictions and abilities of 200 registered nurses to serve as geriatric nurse aide instructors through development and implementation of two day training workshops in five in-State geographic locations. Kansas is one of 18 States which has compulsory training of nurse aides. Although stndards have been established for training aides (50) hours classroom, 40 hours clinical experience) no training program for nurse instructors has thus far been established. An instructor's syllabus and manual will be developed and tested which will be adaptable for use with existing nurse aide training materials.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

08AM0038
Weber State College
Utah State Department of Area Agencies
3750 Harrison Boulevard
Ogden, UT 84408
Statewide Short-Term Training and Continuing Education for Health Care Professionals and Paraprofessionals
Jerry H. Borup, Ph.D.
(801) 626-6242
09/01/86 - 01/31/88 AoA : $ 0 $ 79,573 $ 0

This project will enhance the quality of health services for older persons by providing continuing education to health care professionals and paraprofessionals. Project personnel will provide Statewide training sessions, develop health care information in minority.native language, develop three gerontology correspondence courses for rural service providers and develop training sites for course instruction.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

08AM0049
Weber State College
Center on Aging
3750 Harrison Boulevard
Ogden, UT 84408-1212
Statewide Orientation and Education of Elected Rural and Urban Officials
Jerry H. Borup, Ph.D.
(801) 626-6242
09/01/87 - 08/31/88 AoA : $ 0 $ 0 $ 99,845

Goal of project is to orient and educate elected officials about needs of older persons and existing community based resources. Project will have both a rural and urban focus. It will produce five specific outcomes: 1) 160 elected officials will participate in orientation workshops; 2) two presentations will be given at Statewide organizations' annual meetings; 3) 110 elected Officials will participate in educational workshops; 4) legislative committees will be given readily available information and assistance; 5) 500 copies of guide for elected officials on older persons needs in urban and rural areas. Project is being conducted jointly with the Utah State Division on Aging and Adult Services.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

07AM0340
Western Kansas Community Services Consortium
1007 West Eighth Street
Pratt, KS 67124
Kansas Politics and Aging
Joyce Hartmann
(316) 672-2566
09/01/87 - 08/31/88 AoA : $ 0 $ 0 $ 194,635

Western Kansas Community Services Consortium (WKCSC) will collaborate with the Kansas Department on Aging to provide statewide training on aging issues to state senators and representatives, county commissioners, Silver Haired Legislators, other publicly elected officials paid staff and local citizens. Legislative/educational teams at 15 sites will provide 30 programs to officials at 25 locations in the State. Parallel continuing education programs on politics and aging to citizens in 15 locations. Twelve monthly newsletters will be sent to education and aging networks and over 600 legislators.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

08AM0050
Colorado Department of Health
Health Facilities Regulation Division
Denver, CO 80220
Improvement of Rehabilitative Nursing Service to the Elderly in Long Term Care Facilities
Mildred Simmons
(303) 320-8333
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 95,556

This project will improve the quality of care provided elderly nursing home patients by training nurses to train nursing home aides in facilities where they are employed. Collaborative effort among the Department of Health, the Aging and Adult Services Division of the Colorado Department of Social Services, the Colorado Association of Homes and Services for the Aging, the Colorado Health Care Associationand the Colorado Long Term Care Ombudsman, will be used to develop a two day rehabilitative nursing care in-State regional training program awarding continuing education credits (CEUS) for licensed registered nursing. Training will be followed up with consultation and observation of 18 nursing homes receiving low annual ratings in State inspections. The training program will be revised on the basis of its perceived utility and impact in climinating inspection deficiences.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

08AM0052
Colorado Department of Social Services
Division of Aging and Adult Services
717 17th Street, P.O. Box 181000
Denver, CO 80218-0899
Senior Employment Systems Development
Lucille Horner, Ms.
(303) 294-5911
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 112,391

This project will develop materials and videotapes for in-State workshop training of older adult employment and training counselors related service providers on older worker issues and resources available through Aging network organizations in the State of Colorado. Training will facilitate work of a State Older Worker Task Force representing Federal and State older worker programs. Six two-day in-State regional workshops will train up to 300 persons working in local older worker employment programs administered by four State agencies which are partially supported by three Federal programs. Products include the videotapes, workshops, an older worker job seeking skills package, and a research report on the effectiveness of training.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

09AT0078
California Department of Aging
Training Branch
1020 19th Street
Sacramento, CA 95814
Training of Residential Care Home Administrators
Benton Clark
(916) 323-9601
09/30/87 - 01/31/89 AoA : $ 0 $ 0 $ 147,189

This project will develop seven two hour training modules for simultaneous satellite Television broadcast to 100 in-State workshop sites reaching 3,000 residential care home administrators. Volunteers from the California Association of Residential Care Homes will be trained to facilitate discussions of videotape broadcasts at workshop sites and to administer pre and post tests assessing attitudes and expectations of participants towards improving the quality of resident care. Training topics will include nutrition, exercise, drugs, depression, relocation trauma, use of community resources and handling of difficult subjects. A report on the project's conduct and achievements will be disseminated to all State Agencies on Aging.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0184
Arkansas Department of Human Services
Division of Aging and Adult
Suite 1428, Donaghey Building
Little Rock, AR 72201
Short_Term Training for Professionals Serving the Elderly, 'Vision Loss, Hearing Loss, and Aging'
Bean Hudson
(501) 371-2441
07/01/86 - 11/30/87 AoA : $ 0 $ 80,498 $ 0

Develop and conduct training Statewide for personnel in community health centers and nursing homes and for emergency medical technicians. Will utilize nationally developed materials to train in aging and sensory loss; attitudes interfering with effective communication; techniques to use when providing services to the sensory deprived; and available public and private resources. Training packages will be disseminated to Arkansas field offices of the Division of Aging and Adult Services; the Division of Rehabilitation Services; and the Division for the Blind, for continuing use.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0185
Ohio University
College of Osteopathic Medicine
Grosvenor Hall
Athens, OH 45701
Gerontology Training for Care of the Elderly
Anthony Chila, D.O.
(614) 593-2260
07/01/86 - 11/30/87 AoA : $ 0 $ 84,558 $ 0

Ohio University College of Osteopathic Medicine will prepare 25 volunteer faculty each of whom has a primary care-geriatric oriented practice, to provide instruction to students in a new curriculum to prepare for more effective care of the elderly in primary/community settings. Following faculty training, performance of students completing the required 2-week geriatric experience under the new curriculum will be compared with students having experience prior to faculty training and implementation of the new curriculum. Findings will be used to produce a training guide to assist other medical and health professions programs to develop effective geriatric-primary care training experiences.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

10AT0019
Portland State University
Institute on Aging
P.O.Box 751
Portland, OR 97207
Creating Livable Environments for the Elderly: Training Physical Planners
Nancy Chapman, Ph.D.
(503) 229-3952
09/30/87 - 02/28/89 AoA : $ 0 $ 0 $ 147,320

This project will develop curricula materials and workshop formats for training 600 professional and lay physical planners in metropolitan, small town, and rural areas about the environmental needs of the elderly. Materials will include a videotape and manual that include case study examples of housing and transportation plans developed by local commissions and boards. Materials will be tested and refined after use in 16 in-state governmental jurisdictions. Findings and materials will be disseminated to Aging Network Agencies and the American Planning Association.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0186
Miami University
Scripps Gerontology Center
Hoyt Hall
Oxford, OH 45056
Training to Improve Financial Services to the Elderly
Mildred M. Seltzer, Ph.D.
(513) 529-2914
07/01/86 - 11/30/87 AoA : $ 0 $ 129,560 $ 0

This project will develop and conduct training workshops for financial service professionals counseling older adults. Five workshops will be held in different geographic regions of the State of Ohio for practicing attorneys, accountants and trust officers. Each workshop will include information on current government health and income benefit programs for the elderly as a context for private health insurance and estate planning. Workshops will include content that promotes sensitivity and understanding of the varied lifestyles of the elderly and information on community services and supports for health care, competency and guardianship of vulnerable elderly. A training manual and videotape will be developed and tested. The existing Ohio Commission on Aging, A Guide to Legal Problems of the Elderly, will be revised as a desk reference for workshop graduates. A survey data based on attitudes and practices of financial service professionals will be developed for researchers.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0191
Montana State University
Montana Hall
Bozeman, MT 59717
Nursing Approaches to Quality Care for the Elderly
Alan Goodman, Ph.D.
(406) 994-4930
07/01/86 - 11/30/87 AoA : $ 0 $ 163,164 $ 0

Montana State University will initiate a statewide continuing education program for RNs, LPNs and aides to upgrade skills in the care of the elderly in both urban and rural areas of the State of Montana. This will be accomplished by development and presentation of a series of 10 one-day workshops at five locations in the state, and 10 self-study modules which include syllabus, study guide, appropriate audiovisual materials (including videotapes) and pre and post tests. There will be about 1250 participants in the workshops and an additional 500 individuals will receive education via self-study modules. This project will also assist RNs to successfully complete the ANA certification evaluation for Gerontological Nurse and will allow them to gain Montana Continuing Education recognition.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0192
Hospital Educational and Research Fund Development Office
15 Computer Drive West
Albany, NY 12205
Learning Modules to Educate Health Care Professionals Toward More Integrated Care of the Elderly
Cynthia Brownstein
(518) 434-7600
07/01/86 - 11/30/87 AoA : $ 0 $ 138,041 $ 0

This project will teach 1,100 health care professionals about the unique and special needs of elderly patients. The goal is to improve the integration and effectiveness of social services delivered to elderly patients while in the hospital and upon discharge. Three learning modules will be developed as continuing education materials to help (1) health care professionals understand the demographic changes creating new demands on their skills, (2) recognize and assess emotional and social needs of the elderly, and (3) develop linkages with available community services. Health care professionals will be better equipped to determine the most effective discharge plan as the patient returns to the community. Products include a set of videotaped learning modules, instructional materials and a user's guide.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0196
University of Mississippi
School of Pharmacy
University, MS 38677
Post Graduate Geriatric Training for Pharmacists
Mickey Smith, Ph.D.
(601) 232-5105
09/01/86 - 06/30/88 AoA : $ 0 $ 87,521 $ 0

The project aims to enroll 800 practicing pharmacists in a continuing education program designed to increase trainees' knowledge and effectiveness in meeting the medication needs of the elderly. The program includes a 22 lesson correspondence course, a two-hour seminar with elderly patients, and a four-hour seminar on marketing services to the elderly. Two edited video recordings will be produced.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0198
University of Maryland at Baltimore
Department of Epidemiology and Preventive Medicine
655 West Baltimore Street
Baltimore, MD 21201
Training Social Workers and In-Home Aides to Facilitate Communication Between Physicians and the Elderly Regarding Drug Usage
Brigita Krompholz, MD
(301) 528-3461
07/01/86 - 05/30/88 AoA : $ 0 $ 149,964 $ 0

This project will provide training for community-based social workers and in-home aides to assist older persons with their medications. Through training workshops in five areas of the State, use of videotapes and written materials, trainees will learn to identify drug-related problems and steps to take to assist older persons to resolve such problems. The project is a collaborative effort between the University of Maryland and the State of Maryland agencies.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0195
Maine Department of Mental Health and Mental Retardation
Bureau of Mental Health
State House #4
Augusta, ME 04333
Statewide Mobile Psychogeriatric Consultation and Education in Boarding and Nursing Care Facilities
David Minen
(207) 289-4236
07/01/86 - 02/28/88 AoA : $ 0 $ 136,004 $ 0

Two mobile psychogeriatric education and consultation teams are developing and presenting a comprehensive in-service training curriculum on the care of elderly patients with mental and organic brain illness to the direct service staff of 70 boarding and nursing care facilities in the State. These teams will also provide on-site technical assistance.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0200
West Virginia Commission on Aging
Special Projects
State Capitol
Charleston, WV. 25305
Mental Health and Aging - Quality Care for Older West_Virginians
Earl James
(304) 348-3317
07/01/86 - 11/30/87 AoA : $ 0 $ 41,110 $ 0

A minimum of 225 employees of nursing homes, personal care homes, mental health centers, human service agencies and home health agencies will be trained on issues of mental health and aging. They will also be trained to provide training to others with whom they work. The project is a collaborative effort between the West Virginiqa Commission on Aging, the State Department of Health, and the West Virginia University Training Resource Center.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0307
American Occupational Therapy Association
1383 Piccard Drive
Rockville, MD 20850
Gerontic Occupational Therapy Curriculum Development Project
Stephanie Hoover, Ed.D.
(301) 948-9626
08/01/86 - 10/31/87 AoA : $ 0 $ 90,234 $ 0

This project will attempt to: Adapt for entry-level occupational therapy educators existing continuing education materials produced through Administration on Aging Grant #90AT0083/01 entitled Occupational Therapy with the Elderly (ROTE); train 240 academic and clinical faculty representatives to teach selected gerontology units in entry-level occupational therapy curricula; and integrate gerontology content into 120 entry-level occupational therapy entry-level educational programs. This project will strengthen the aging services network through improved education of 3500 occupational therapy graduates per year in 120 schools located in every state where occupational therapy programs exist.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0311
University of Pennsylvania
3451 Walnut Street
Philadelphia, PA 19104
Resident Physician Training
Laurence Beck, M.D.
(215) 898-7293
08/01/86 - 12/31/87 AoA : $ 0 $ 198,028 $ 0

This project involves the integration of geriatric medicine into the training of medical and psychiatry residents with an emphasis on interdisciplinary teams. A core of didactic sessions which address the special problems of ambulatory, hospitalized, nursing home and homebound elderly will be integrated into the existing curiculum. New clinical programs which offer practice in nursing home and home care settings as well as service as a geriatric consultant will be developed for medical residents. Psychiatric residents may attend to elderly psychiatric patients on the inpatient and out-patient geropsychiatric units.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0240
Temple University
Institute on Aging
1601 North Broad Street
Philadelphia, PA 19122
Education of Community Health Personnel in Clinical Geriatrics and Service Program Development
Evan Sober, Ed.D.
(215) 787-6970
08/01/87 - 12/31/88 AoA : $ 0 $ 0 $ 148,907

This project will increase the knowledge and skill of professionals working in community health centers who serve elderly clients through development and implementation of A Statewide continuing education training program. A 30 hour clinical sequence emphasizing interdisciplinary team development, multifunctional assessment, case management, common health problems and specific disease entities will be adapted from existing geriatric curriculum developed by the Geriatric Eduction Center and augmented with a 12 hour instructional sequence on serv ice development and management. A minimum of 150 professionals will receive training in 3 regional areas of the State. A program development guide based on best practice studies will be distributed through the National Association for Community Health Centers.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT FUNDING
FY 1985 FY 1986 FY 1987

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0316
University of South Carolina
College of Nursing
Columbia, SC 29208
A Statewide Geriatric Nutrition Training Program for Health Professionals
V. Cass Ryan
(803) 777-2467
08/01/86 - 10/30/87 AoA : $ 0 $ 42,743 $ 0

This project proposes to address the need health professionals have for more information about nutrition and older adults. A variety of teaching/learning methods used include: 1) a graduate level course in geriatric nutrition taught via a television 'talk-back' format at 400 sites throughout the state; 2) self-paced learning modules on geriatric nutrition; 3) a Symposium on Geriatric Nutrition; 4) a short continuing education course in geriatric nutrition; and 5) speakers on nutrition and aging for talks with older adult organizations in the private sector. Students will present new information in their work sites and address older adult groups. All project materials will be available on request of interested agencies.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0319
Maine Department of Human Services
Bureau of Maine's Elderly
State House, Station #11
Augusta, ME 04333
Continuing Legal Education in Elder Law
Gerard Poissonier, Esq.
(207) 289-2561
09/01/86 - 01/31/88 AoA : $ 0 $ 21,332 $ 0

Provide six continuing education training sessions in six different areas of law which significantly impact upon the elderly. Areas to be covered will be: Nursing Home Law; Age Discrimination; Medicare/Medicaid; Guardianship and Conservatorship Law; Estate Planning for Disability and Living Wills; and Dealing with Elderly Clients. Sessions are to be recorded on audio cassette tapes and a manual prepared for each session. Tapes and manual will be reproduced for use by attorneys other than the 300 attending the original sessions. An Attorney's Desk Reference on Elder Law will also be produced. It will be updated annually. The grantee and Maine Bar Association will conduct a continuing legal education program on elder law each year.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0320
Inter American University of Puerto Rico
San German Campus
GPO Box 3255
San Juan, PR 00936
Minority Training and Development Program in Gerontology for Nursing Professionals and Paraprofessionals
Zulma Quinones
(809) 758-0899
09/01/86 - 02/28/88 AoA : $ 0 $ 94,800 $ 0

Inter American University of Puerto Rico will establish a pilot program to upgrade the job knowledge and skills in gerontology of nursing professionals and paraprofessionals. The methodology consists of a program of nine short-term courses and the preparation of supplementary written and audiovisual materials. The project will be implemented on the San German, Arecibo and San Juan campuses of the university, but is expected to have an impact on the care of the aging and elderly Hispanic population on the island as well as in the continental United States.

ACTIVE GRANTS
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PROJECT FUNDING
FY 1985 FY 1986 FY 1987

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0343
National Conference of State Legislators
1050 17th Street, Suite 2100
Denver, CO 80265
Creating the Continuum of Long Term Care: An Education Program for State Legislators
Robert Pierce
(303) 623-7800
09/01/87 - 08/31/88 AoA : $ 0 $ 0 $ 126,395

Project will educate Stte legislators on needs for a continuum of long term care services, financing alternatives and will promote legislative action in this direction. The training program will be presented in 4 States and videotaped for use elsewhere. Project activities include: needs assessment of legislators and representative State Units on Aging; program development; State selection; four on site State progcam presentations; and editing of 4 videotape presentations into a single program; State Units on Aging will participate in the development of the program and the presentations. Project outcomes are increased legislator knowledge and increased legislative activities toward creating continuum of long term care.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0345
State University of New York at Buffalo
Western New York Geriatric Center
3435 Main Street-Beck Hall
Buffalo, NY 14214
Linking Hospital Discharge Planning and the Aging Network
John Feather, Ph.D.
(716) 831-3176
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 129,220

The Western New York Geriatric Education Center and The Brookdale Center on Aging will conduct 20 - two day training sessions for hospital and aging network staff throughout the State. AAAs will have a key role in identifying staff to be trained and coordinating sessions. Approximately 400 to 600 individuals will be trained. The curriculum will be based upon the Brookdale Center's model discharge planning program which features a multidisciplinary approach for developing collaborative working relationships between hospital personnel and the aging services network with special emphasis on continuity of care. This project will produce a curriculum guide which can be used by State Agencies on Aging, journal articles and reports about the project for various aging publications.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0340
Georgia State University
The Gerontology Center
University Plaza, Box 1032
Atlanta, GA 30303
Training for Clergy and Aging Network Personnel
Barbara Payne, Ph.D.
(404) 658-2694
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 149,970

The project will provide continuing education gerontology certificate training in coalition building to clergy and aging network staff in Georgia. The project seeks to link the clergy and aging networks to achieve increased communication and networking, pooling of human and fiscal resources, and training of clergy to better serve older people. Objectives are to form a Statewide and five local advisory committees; develop a curriculum; train trainers; deliver training at five sites Statewide; and conduct and analyze a survey of attitudes, program knowledge and needs following training. Outcomes include 50-150 community service projects which demonstrate a coalition between clergy and the aging network.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT — FUNDING: FY 1985 — FY 1986 — FY 1987

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0346
LSU Medical Center
School of Dentistry
1440 Canal Street, Suite 1510
New Orleans, LA 70112-2784
Geriatric Dentistry for Practicing Dentists and other Health Personnel
Benjamin Legett, Jr DDS
(504) 948-8531
09/30/87 - 02/28/89 AoA : $ 0 $ 0 $ 55,659

The project provides continuing education in geriatric dentistry for dentists and other health professionals in nine locations in the State. The first phase is a one day course addressing delivery and attitude issues involved in geriatric dentistry. The second phase is an 8 hour participation course to prepare dentists, physicians and nursing staff to institute dental care programs in long term care facilities. Participants will perform dental services on patients at bedside, using protable equipment.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0352
The Gerontological Society of America
1411 K Street, N.W. Suite 300
Washington,, DC 20005
Fellowship Program in Applied Gerontology
Lori Rusinowitz, Ph.D.
(202) 393-1411
10/01/87 - 09/30/88 AoA : $ 0 $ 0 $ ***,***

The fellowship Program in Applied Gerontology provides short-term education and training opportunities for staff members of State and Area on Aging by placing college and university professors in these agencies to work on specific projects for three months during the summer. It is an innovative approach to training the staff members of aging network agencies. In addition, postdoctoral educators are exposed to newly-identified problems in serving the elderly whole providing aging agencies with expert assistance in solving new problems. The purpose is to transfer knowledge to aging agency staff and to gerontological educators; to help aging agencies solve new and pressing problems; and to improve gerontological research and education.

Placement agencies benefit by obtaining high quality expertise in addressing program issues of serious concern. Fellows benefit by having first hand experience in coping day-to-day problems. Project results are disseminated through GSA, professional journals, the media and other types of publications.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0359
Vanderbilt University
University Station 17, Box 593
Nashville, TN 37232
Improving Hearing Health Care to the Elderly in Tennessee
Fred H. Bess, PhD
(615) 322-4099
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 150,000

The purpose of this project is to provide primary care physicians with continuing education on the hearing problems of the elderly and to give them adequate screening tools that will assist in making an appropriate referral for hearing loss. The overall goal is to improve the hearing health delivery system to the elderly population by increasing the number of hearing-impaired elderly referral for audiologic intervention by the primary care physician. The project will include two groups of physicians. One group will participate in an educational program and the other will not. The hypothesis is that physician will improve performance in referring hearing-impaired elderly for audiologic services lans a result of the educational program. The program is expected to increase the number of elderly receiving amplification and help them to achieve greater life satisfaction.

ACTIVE GRANTS
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As of 10/01/87

PROJECT FUNDING
FY 1985 FY 1986 FY 1987

DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
Training

03AT0243
Virginia Commonwealth University
Box 568 MCV Station
Richmond, VA 23298-0001
Gerontology in Baccalaureate Social Work Education: The Virginia / Louisiana Curriculum Project
Robert L. Schneider, D.S.W.
(804) 257-1044
08/01/87 - 07/30/88 AoA : $ 0 $ 0 $ 104,588

The purpose of the project is to enhance the quality of social work gerontological curricula and strengthen the capacity of Bachelor of Social Work Programs to prepare social workers for effective practice in the field of aging. The project will assess the curricula of BSW Programs; use gerontological curricular materials to infuse aging content into all BSW courses; enphasizing key social work functions such as discharge planning, and content on older wormen and minorities; prepare training seminars for full-time BSW faculty and voluntary field instructions; increase understanding of BSW's by private and public agencies, and identify replicable strategies for gerontological BSW education. Products will include a report on the status of gerontology in BSW Programs; modules for integration into all BSW courses; and a brochure on gerontology and BSW social work. This is a collaborative effort between Virginia Commonwealth University and Grambling State University (HBCU).

DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
Training

90AT0168
North Texas State University
Center for Studies in Aging
P.O. Box 13438 NT Station
Denton, TX 76203
Program/Faculty Development in Minority Gerontology Programs
Thomas Fairchild, Ph.D.
(817) 565-3454
09/01/85 - 06/30/88 AoA : $ 40,000 $ $ 20,000

This project will provide faculty and institutional development assistance to a consortium of Historically Black Colleges and Universities and other institutions with significant minority enrollment. A multidisciplinary team will make site visits and conduct workshops at selected institutions.

DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
Training

90AT0190
Kansas State University
Center for Aging
Fairchild Hall
Manhattan, KS 66506
Brokering Aging / Gerontology Education (AGE) in Rural Community Colleges
George R. Peters, Ph.D.
(913) 532-5945
08/01/86 - 12/31/87 AoA : $ 0 $ 99,957 $ 0

This project will disseminate a statewide adult education and gerontology program model developed under previous AoA and Department of Education support involving a State university gerontology center. Three State university gerontology centers in Nebraska, Missouri and Iowa will be given technical assistance and support to broker training materials and faculty development activities with 17 community colleges serving 66 rural counties. Materials produced by Kansas State University and the Western Kansas Community Services Consortium, including the publication, Developing Gerontological Curricula - A Process for Success, will be used to initiate adult education and gerontology activities at each community college and develop statewide plans for future collaboration.

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DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
Training

90AT0203
University of Southern California
Pacific Geriatric Education Center
1975 Zonal Avenue KAM 300-C
Los Angeles, CA 90033
Brokering: Development of New Multidisciplinary Aging Health Professional Training Programs
Linda J. Davis, Ph.D.
(213) 224-7994
09/01/86 - 02/29/88 AoA : $ 0 $ 100,000 $ 0

This project will assist academic institutions in developing and strengthening multidisciplinary aging content for existing allied health professional training programs. Faculty teams selected from the Schools of Medicine and Gerontology working through the Pacific Geriatric Center will provide training, technical assistance and support to faculty and administrators of five post-secondary institutions located in California, Arizona, Nevada and Hawaii. Assistance activities will emphasize adoption and integration of existing curriculum materials into existing courses and curricula. Small faculty workshops will emphasize instructional methods, clinical site selection and use of instructional materials. A training package for future administrator/faculty workshops will be developed.

DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
Training

90AT0317
Gerontological Society of America
1411 K Street, N.W., Suite 300
Washington, DC 20006
Educating Academic Decision-Makers on Responding to an Aging Society
John M. Cornman
(202) 393-1411
09/01/86 - 02/28/88 AoA : $ 0 $ 100,040 $ 0

This project will increase the awareness of higher education administrators and officials of the impact that an aging society will have on academic institutions. A series of meetings and formal presentations on emerging societal aging issues will be conducted by project staff and leading spokespersons within the membership of the society based on multidisciplinary background materials produced under the direction of an advisory committee. At least six background papers will be edited for publication in the Society's Emerging Issues on Aging Report Series. At least 6 formal presentations will be made at the annual meetings of selected oreganizations affiliated with the American Council on Education.

DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
Training

90AT0197
Georgia State University
Gerontology Circle
University Plaza
Atlanta, GA 30303
Aging Content in Academic Training of Ministerial Students
Barbara Payne, Ph.D.
(404) 658-2692
07/01/86 - 11/30/87 AoA : $ 0 $ 159,340 $ 0

This project will introduce behavioral science and aging content within seminary courses at 3 Georgia seminaries resulting in a certificate in gerontology in the ministry. It includes raising the awareness of the seminaries' faculties and administration to the need for aging content; planning, adapting and developing a course of study for seminarians; providing a faculty member from each seminary with gerontological training; recruiting and training 15-24 seminary students; establishing a joint certificate program with each seminary and Georgia State University's Gerontology Center; and increasing library holdings in each seminary. Outcomes include a monograph on aging and seminary education and a seminary curriculum which can be disseminated nationally.

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DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
Training

90AT0318
University of Kansas
College of Health Sciences and Hospital
39th and Rainbow Blvd.
Kansas City, KS 66103
Promoting Multidisciplinary Gerontological Education in Academic Health Professional Programs
Linda J. Redford, Ph.D.
(913) 588-1631
09/01/86 - 05/31/88 AoA : $ 0 $ 99,354 $ 0

This project promotes expansion and multidisciplinary modification of gerontological nurse training curricula materials developed under a previous Public Health Service grant, for dissemination and adoption by other academic institutions in Missouri, Kansas, Iowa and Nebraska. Nine training modules developed for continuing education of nurses and medical social workers will be modified for use in multidisciplinary health professional education problems at the undergraduate, graduate and continuing education levels. Additional training modules on diagnosis and management of dementia disorders and new resource and reference materials will be developed. Promotional activities, an invitational workshop, and technical assistance will be conducted to encourage adoption of the instructional materials.

DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
Training

90AT0339
Association of Schools and Colleges of Optometry
6110 Executive Boulevard
Rockville, MD 20852
Geriatric and Gerontology Enhancement of Optometric Faculty and Students
Robert Boerner
(301) 231-5944
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 137,595

This projct will develop and implement a faculty development training workshop program to increase offerings of interdisciplinary optometric gerontology content in the nation's 17 schools of Optometry. Three two-day regional workshops will train 30 faculty peer instructors for campus workshops reaching 100 faculty which will include dydactic, simulation and hands-on experience in examining and prescribing optical corrections. Workshop materials will include a competency-based manual containing student instructional objectives, content outline for an interdisciplinary optometric gerontology course, evaluation strategies, model geriatric clinical experiences.

DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
Training

90AT0342
Syracuse University
All-Univesity Gerontology Center
Brockway Hall
Syracuse, NY 13244-6380
Curriculum for Communications Professionals: Gerontology for Advertising and Journalism
Neal S. Bellas, Ph.D.
(315) 423-4693
09/01/89 - 01/31/89 AoA : $ 0 $ 0 $ 149,726

This project will develop, test, and disiminate educational materials forthe professional academic training of communications profession designers. This project will introduce gerontological content in the academia training of communication professionals who, during their future careers in advertising and journalism, will be in a position inform the public and shape the image of older persons and issues related to aging. The project will design, test and evaluate two instructional modules, one for advertising and one for journalism. The instructional materials will be adaptable for in-service training for professional advertisers and journalist. The project will also design a national dissemination strategy for the products. Leaders from the journalistic and advertising fields and the New York State Office on Aging will help design the approach.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
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PROJECT	FUNDING FY 1985	FY 1986	FY 1987

MANPOWER STUDIES
Research

90AM0160
National Caucus and Center on Black Aged
1424 K Street, N.W., Suite 500
Washington, DC 20005
A Study of Job Placement Systems for the Elderly
Brenda Lester
(202) 637-8400

08/01/85 - 11/30/87		FY 1985	FY 1986	FY 1987
	AoA :	$ 150,000	$ 0	$ 0
	OTHER:	$ 0	$ 65,000	$ 25,000

NCBA will study past and current placement systems for the elderly and will provide different placement models. Three objectives will be accomplished: 1) development of a data base describing the systems studied; 2) evaluation of key components in job placement to provide a summary of problems and successes encountered; and 3) development of a framework of placement systems for use by practitioners in the planning, development and implementation of placement programs.

MANPOWER STUDIES
Research

90AT0179
University of Southern California
Andrus Gerontology Center
University Park MC-0191
Los Angeles, CA 90089
Enhancing the Match of Gerontology Training and Employment Opportunities
David A. Peterson, Ph.D.
(213) 743-5156

09/01/86 - 01/31/88		FY 1985	FY 1986	FY 1987
	AoA :	$ 0	$ 119,383	$ 0

A national survey will explore the degree of fit between the production of personnel in aging and the type and number of currently available and expected employment opportunities for them. A model process for analyzing existing and new data on occupational fields will be developed to determine where increased pre-service education is needed as well as fields where the supply of trained personnel equals the demand. Objectives are to: 1) develop a model approach to determination of manpower supply and demand for the field of aging; 2) complete an assessment of manpower supply and demand for four fields in cooperation with national professional organizations; and 3) widely disseminate results to faculty, professionals, students, and government agencies interested in manpower for the field of aging.

MANPOWER STUDIES
Research

90AT0180
University of Utah
Gerontology Center
316 College of Nursing
Salt Lake City, UT 84112
Assessment of Gerontology Manpower Through Current Graduates and Their Employers
Richard Connelly, Ph.D.
(801) 581-8198

07/01/86 - 09/30/88		FY 1985	FY 1986	FY 1987
	AoA :	$ 0	$ 120,000	$ 51,478

A national survey will provide a comprehensive, detailed and uniformed profile of the employment experience and perceived educational needs of current students and post-graduates with different types of credentials and degrees in gerontology. Objectives include: 1) gathering data on graduates of gerontology training programs, data on current students and employers of gerontology graduates; 2) completing an assessment of types of training in relation to type and length of employment; 3) establishing liaisons with national organizations representing disciplines and employers associations of graduates for assistance with projecting manpower supply and demand and in dissemination of findings; 4) disseminating results of study to faculty, students, professional organizations, and government agencies. Data received from 2000 graduates of gerontology programs and their employers will be used to compare employment histories of undergraduate and graduate credential and degree students.

ACTIVE GRANTS
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As of 10/01/87

PROJECT	FUNDING FY 1985	FY 1986	FY 1987

PLACEMENT/INTERNSHIP PROGRAMS
Training

90AT0199
National Caucus and Center on Black Aged
1424 K Street, N.W.
Washington, DC 20005
Minority Training and Development In Long_Term Care
Kinnard Wright
(202) 637-8400
09/30/86 - 12/31/87 AoA : $ 0 $ 150,000 $ 0

This project will increase the number of minority persons in management positions in long term care facilities by placing interns in long term care facilities, providing training during internship and placing interns in permanent positions. Private sector support will be solicited to train an additional 18 to 24 interns over a 3-year period.

PLACEMENT/INTERNSHIP PROGRAMS
Training

90AT0303
Grambling State University
School of Social Work
P.O. Box 907
Grambling, LA 71245
Minority Management Internship in Aging
Phill Cho, Ph.D.
(318) 274-2373
07/01/86 - 11/30/87 AoA : $ 0 $ 118,057 $ 0

This project will increase the number of minorities available for employment in the Aging Network by placing interns in agencies as program managers. Host agencies will assist interns in locating employment.

MANPOWER STUDIES
Research

90AT0315
University of Iowa
Aging Studies Program
415 Jefferson Building
Iowa City, IA 52242
Career Pathways for Graduates of Gerontology Programs
Hermine McLeran, MPH
(319) 353-4496
09/01/86 - 01/31/88 AoA : $ 0 $ 109,420 $ 0

The project will survey 3000 graduates of programs, in Regions V and VII, offering a certificate, minor, concentration or specialization in gerontology. The purpose is to determine whether these graduates are employed in the field of aging, how long they have been employed, and whether they are using their gerontology background in current positions. The objectives are to determine: how many graduates with specialization in gerontology find full-time and appropriate employment in the field of aging; in what type agencies graduates find employment; what job roles and responsibilities graduates assume; how long graduates have worked in the field and if they plan to continue; and to evaluate how gerontology programs have impacted on the work experience of graduates.

PLACEMENT/INTERNSHIP PROGRAMS
Training

90AT0304
New York State Office for Aging
Empire State Plaza Building, #2
Albany, NY 12223
Minority Training and Development
Sandra Powell
(518) 474-5041
07/31/86 - 12/31/87 AoA : $ 0 $ 110,000 $ 0

This project will increase the number of minorities available for employment in the Aging Network as program managers by placing interns in Area Agencies for a 14-month training period. Assistance will be given in locating employment. A case study on how to successfully recruit minority professionals will be produced.

ACTIVE GRANTS
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As of 10/01/87

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PLACEMENT/INTERNSHIP PROGRAMS
Training

90AT0306
North Carolina Central University
Public Administration Program
P.O. Box 19552
Durham, NC 27707
Minority Training and Development
Clarence Brown, Ph.D.
(919) 683-6240
09/30/86 - 02/28/88 AoA : $ 0 $ 138,558 $ 0
This project will increase the number of minority professionals to be employed in the Aging Network by placing 15 graduates in entry level and management intern positions. Employment opportunities will be provided through a cooperative agreement between the grantee, Area Agencies on Aging, the State Unit on Aging and other aging service provider agencies.

PLACEMENT/INTERNSHIP PROGRAMS
Training

90AT0312
National Hispanic Council on Aging
2713 Ontario Road, N.W.
Washington, DC 20009
Increasing the Pool of Hispanic Professionals in Gerontology
Marta Sotomayor, Ph.D.
(202) 265-1288
09/30/86 - 02/28/88 AoA : $ 0 $ 138,546 $ 0
This project will increase the number of Hispanic professionals to assume a leadership role on behalf of the Hispanic elderly. Twelve students will be involved in an educational enrichment program which includes a six week internship in Washington, D.C. and participation in two NHCoA training conference.

PLACEMENT/INTERNSHIP PROGRAMS
Training

90AT0305
Asociacion Nacional Pro Personas Mayores
2727 West Sixth Street, Suite 270
Los Angeles, CA 90057
Hispanic Gerontological Internship Program
Carmela Lacayo
(213) 487-1922
07/01/86 - 01/31/88 AoA : $ 0 $ 133,463 $ 0
This project will increase the number of Hispanics available for employment in the aging network and promote the placement of Hispanics as program managers by placing interns in management positions in aging-related agencies. Interns will be given assistance in locating employment.

PLACEMENT/INTERNSHIP PROGRAMS
Training

90AT0314
Gerontological Society of America
1411 K Street, N.W., Suite 300
Washington, DC 20005
Fellowship Program in Applied Gerontology
Adrian Ruth Walter, Ph.D.
(202) 393-1411
08/01/86 - 10/31/87 AoA : $ 0 $ 147,519 $ 0
The project will provide short-term education and training opportunities as fellows for professors in colleges and universities Nationwide who teach in gerontology and other programs with aging content, and for staff people in the Aging Agencies in which the fellows conduct three month projects during the summer months. The objectives of the program are to: 1) provide academically-trained educators and researchers with field experiences that can improve their teaching; 2) enable line staff in aging agencies to receive exposure to and training from gerontological educators conducting projects in their offices; 3) help agencies providing services to the elderly solve service-delivery problems; and 4) disseminate lessons learned in solving one agency's problems to other organizations in the aging network. The project will benefit the agencies, fellows, and the elderly population with improved services.

ACTIVE GRANTS
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PLACEMENT/INTERNSHIP PROGRAMS
Training

90AT0335
City of Los Angeles Department of Aging
600 South Spring Street
Los Angeles, CA 90014
Minority Management Internship Program
Mark Miodovski
(213) 485-6535
09/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 35,834

This project will provide extnsive experience for Interns in Title III Service Delivery and Administration from the provider and Area Agency Prospective, and secure employment for the intern in Senior Service Agency Management. Four (4) qualified minority individuals will be recruited and selected for the program to perform functions at the level of Assistant project director over a 12 month period. New management procedures for training and job development for interns and entry-level staff will result from this project.

PLACEMENT/INTERNSHIP PROGRAMS
Training

90AT0353
The National Caucus and Center on Black Aged, Inc.
1424 K Street, N.W., Suite 500
Washington, DC 20005
Minority Training and Development In Long Term Care
Samuel Simmons, Ph.D.
(202) 637-8400
10/01/87 - 01/31/89 AoA : $ 0 $ 0 $ 150,001

This project will address the need for minority elderly in long term care by 1) recruiting and placing seven (7) qualified minority trainees in long term care facilities and community-based programs for twelve months of training; 2) providing for appropriate in-service training to prepare them for permanent placement in the host agency at the completion of the internship; 3) placing trainees in permanent management positions; and 4) obtain private sector support totalling at least $150,000 annually to train and place a minimum of 18-24 trainees over a five year period.

This project will help qualified minorities access management positions in long term care facilties. It will also help these facilities recruit and hire qualified, well trained minority managers. The National Caucus on Black Aged will work with the American Association of Homes for the Aged and State and Area Agencies on Aging to locate host agencies to sponsor these trainees.

PLACEMENT/INTERNSHIP PROGRAMS
Training

90AT0321
SUNY College at Old Westbury
P.O. Box 9
Albany, NY 12246
Facilitating Minority Employment in Elderly Service Provider Agencies
Harvey Catchen, Ph.D.
(516) 876-2731
09/30/85 - 09/01/88 AoA : $ 0 $ 119,450 $ 0

This project will increase the number of minorities employed in the Aging Network by placing interns in service provider agencies for eight months. Assistance will be given in locating employment in the Aging Network. A Manual on Survival Skills and Growth Opportunities will be produced.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT	FUNDING FY 1985	FY 1986	FY 1987

OTHER
Demonstration

08AM0037
Wyoming Commission on Aging
Hathaway Bldg., First Floor
Cheyenne, WY 82002-0710
Wyoming Catastrophic Information Network
E. Scott Sessions
(307) 777-7986

09/01/86 - 01/31/88	AoA : $ 0	$ 50,000	$ 0

This project will be directed toward developing private sector awareness, cooperation, and participation with the State of Wyoming in developing and utilizing resources to protect older people against the burdens of catastrophic illness. This goal will be accomplished through strengthening the Catastrophic Information Network, by updating the current data base of the Network, and by developing a comprehensive public relations and marketing program for the Network.

OTHER
Demonstration

90AM0164
Elvirita Lewis Foundation
255 North El Cielo Road
Palm Springs, CA 92262
Public/Private National Intergenerational Initiative
Steven Brummel
(619) 397-4552

09/30/85 - 06/30/88	AoA : $ 0	$ 175,000	$ 125,000

This is a precedent setting two year public/private intergenerational initiative. Although the Elvirita Lewis Foundation is the AoA grantee, the project involves nine foundations geographically dispersed across the Nation. In the first year, innovations in intergenerational programming were tested in community settings through these foundations and local community service organizations. In the second year, projects focus on innovations in training older persons for meaningful second careers in intergenerational settings. The projects are targeted to reach low income older persons and are being designed with local community support to insure their survivability when Federal and foundation funding end. The project will produce a professionally prepared final report suitable for wide dissemination.

OTHER
Information Dissemination/Public Education

90AJ2002
Ryden Driving Institute, Inc.
9470 Annapolis Road, Suite 102
Lanham, MD 20706
Driver Retraining and Recertification Program for Selected OHDS Client Groups
John C. Ryden
(301) 459-9626

04/30/85 - 10/31/87	AoA : $ 15,394	$ 67,639	$ 0
	OTHER: $ 10,252	$ 0	$ 0

The purpose of the project is to design and develop a commercially marketable education and recertification program for various OHDS client groups, particularly the older American driver. Phase I of this project, completed in October, 1985, resulted in a comprehensive feasibility analysis for a driver education program for older drivers and a detailed course outline and instruction guide. During Phase II, November 1985 through March 1987, the project will pilot test and evaluate the guide and course content. The final products will include tested specifications for a driver education program and the commercial availability of a driver education program for older Americans.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 10/01/87

PROJECT	FUNDING FY 1985	FY 1986	FY 1987

OTHER
Research

90AR0105
National Research Council
Transportation Research Board
2101 Constitution Avenue, N.W.
Washington, DC 20418
Study on Improving Safety and Mobility for Older Persons
Stephen R. Godwin
(202) 334-3255

09/30/86 - 06/30/88	AoA : $ 0	$ 25,000	$ 25,000

This project seeks to improve the safety and mobility of older people in traffic. The work will be carried out by an expert committee assembled by the Transportation Research Board. The project will collect the best available research materials and traffic statistics dealing with the traffic experiences of older persons. It will seek to identify the most beneficial actions to improve the traffic safety of older persons and recommend ways to implement them. The end result will be changes in highway and vehicle design, improvements in roads and changes in administrative practices. The information will be gathered through a series of commissioned papers and released in a final report.

OTHER
Other - Museum Exhibition

90AT0326
Smithsonian Institution Office of Folklife Programs
2600 L'Enfant Plaza
Washington, DC 20560
The Grand Generation Traveling Exhibition
Marjorie Hunt
(202) 287-3449

09/30/86 - 02/28/88	AoA : $ 0	$ 75,000	$ 0

Grantee will produce a traveling museum exhibition which will depict the vital role older people play in preserving and passing down traditions from one generation to another. The transmission of culture and values from the older to younger generations and the importance of tradition as well as creativity in the aging process will be emphasized. A variety of educational outreach programs, including oral history workshops, films, lectures, exhibition booklets and a catalog will accompany the exhibition.

SOCIAL SECURITY ADMINISTRATION

PROGRAMS ADMINISTERED BY THE SOCIAL SECURITY ADMINISTRATION IN FISCAL YEAR 1987

The Social Security Administration (SSA) administers the Federal old-age, survivors, and disability insurance (OASDI) program (title II of the Social Security Act). OASDI is the basic program in the United States that provides income to individuals and families when workers retire, become disabled, or die. The basic idea of the cash benefits program is that, while they are working, employees and their employers pay earmarked Social Security taxes; the self-employed also are taxed on their net earnings. Then, when earnings stop, or are reduced because of retirement in old-age, death, or disability, cash benefits are paid to partially replace the earnings that were lost. Current taxes are largely paid out in current benefits. However, at the same time, current workers build rights to future benefit protection.

SSA also administers the Supplemental Security Income (SSI) program for needy aged, blind, and disabled people (title XVI of the Social Security Act). SSI provides a federally financed floor of income for eligible individuals with limited income and resources. SSI benefits are financed from general revenues. In about 50 percent of the cases, SSI supplements income from other sources, including Social Security benefits.

SSA shares responsibility for the black lung program with the Department of Labor. SSA is responsible, under the Federal Coal Mine Health and Safety Act, for payment of black lung benefits to coal miners and their families who applied for those benefits prior to July 1973, and for payment of black lung benefits to certain survivors of miners.

Local Social Security offices process applications for entitlement to the Medicare program and assist individuals in filing claims for Medicare benefits. Overall Federal administrative responsibility for the Medicare program rests with the Health Care Financing Administration, HHS.

Following is a summary of beneficiary data, selected administrative activities, precedential court decisions, and Social Security-related legislation enacted in fiscal year 1987.

I. OASDI BENEFITS AND BENEFICIARIES

At the beginning of 1987, about 95 percent of all jobs were covered under the Social Security program. It is expected that, under the present law, 96 percent of the jobs will be covered by the end of the century.

At the end of July 1987, 37.9 million people were receiving monthly Social Security cash benefits, compared to 37.4 million in July 1986. Of these beneficiaries, 23.3 million were retired workers, 3.5 million were dependents of retired workers, 4 million were disabled workers and their dependents, 7.1 million were survivors of deceased workers and about 21,000 were persons receiving special benefits for uninsured individuals who reached age 72 some years ago ("Prouty payments").[1]

The monthly amount of benefits paid for July 1987 was $16.7 billion, compared to $16.3 billion for July 1986. Of this amount, $12.3 billion was paid to retired workers and their dependents, $1.5 billion was paid to disabled workers and their dependents, $2.9 billion was paid to survivors, and $2.9 million was paid to uninsured persons who reached age 72 in the past.[1]

Retired workers received an average benefit for July 1987 of $491 (up from $481 in July 1986), and disabled workers received an average benefit of $488. Retired workers newly awarded Social Security benefits for July 1987 averaged $463, while disabled workers received an average initial benefit of $485.

During the 12 months ending July 1987, an estimated $201 billion in Social Security cash benefits was paid, compared to $192 billion in for the same period last year. Of that total, retired workers and their dependents received $139 billion, disabled workers and their dependents received $20.3 billion, survivors received $41.7 billion, and uninsured beneficiaries over age 72 received $39 million.[1]

Monthly Social Security benefits were increased by 1.3 percent for December 1986 (payable beginning January 1987) to reflect a corresponding increase in the Consumer Price Index (CPI). Monthly Social Security benefits will increase by 4.2 percent for December 1987 (payable beginning January 1988) to reflect a corresponding increase in the CPI.

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[1] The cost of these special benefits for aged uninsured persons are financed from general revenues, not from the Social Security trust funds.

II. SUPPLEMENTAL SECURITY INCOME BENEFITS AND BENEFICIARIES

In January 1987, SSI payment levels (like Social Security benefit amounts) were automatically adjusted to reflect a 1.3 percent increase in the CPI. Thus, from January through December 1987, the maximum monthly Federal SSI payment level for an individual was $340. The maximum monthly benefit for a married couple, both of whom were eligible for SSI, was $510. In January 1988, these monthly rates will be increased to $354 for an individual and $532 for a couple to reflect a 4.2 percent increase in the Consumer Price Index.

As of June 1987, 4.3 million aged, blind, or disabled people received Federal SSI or federally administered State supplementary payments. Of the 4.3 million recipients on the rolls during June 1987, over 2 million were aged 65 or older. Of the recipients aged 65 or older, 550,000 were eligible to receive benefits based on blindness or disability. Over 2 million recipients were blind or disabled and under age 65. During June 1987, Federal SSI benefits and federally administered State supplementary payments totaling a little over $1 billion were paid.

For fiscal year 1987, $12.4 billion in benefits (consisting of $9.9 billion in Federal funds and $2.5 billion in federally administered State supplementary payments) were paid.

III. BLACK LUNG BENEFITS AND BENEFICIARIES

Although responsibility for new black lung miner claims shifted to the Department of Labor (DOL) in July 1973, SSA continues to pay black lung benefits to a significant, but gradually declining, number of miners and survivors. (While DOL administers new claims under part C of the Federal Coal Mine Safety and Health Act, SSA is still responsible for administering part B of the Act.)

During August 1987, about 264,000 individuals (183,000 age 65 or older) received $78 million in black lung benefits which were administered by the Social Security Administration. These benefits are financed from general revenues. Of these individuals, 65,000 miners received $22 million, 133,000 widows received $45 million, and 66,000 dependents received $11 million. During fiscal year 1986 SSA administered black lung payments in the amount of slightly more than $950 million. About 61,000 miners and 122,000 widows were age 65 or older.

Black lung benefits increased by 3 percent effective January 1987 due to an automatic general benefit increase adjustment under the law. The monthly payment to a coal miner disabled by black lung disease increased from $328.20 to $338.

The monthly benefit for a miner or widow with one dependent increased from $492.30 to $507 and with two dependents from $574.30 to $591. The maximum monthly benefit payable when there are three or more dependents increased from $656.40 to $676.

IV. COMMUNICATION AND SERVICES

Information Activities

Throughout 1987, major emphasis was given to publicizing the soundness of Social Security and its value to both young and older workers. Public information messages and materials targeted to older workers and beneficiaries were designed to assure them that they can continue to count on Social Security.

The "Social Security Pre-Retirement Handbook" is designed to assist SSA field personnel in conducting pre-retirement seminars for older workers. With the materials in the handbook, field personnel can effectively and efficiently inform pre-retirees 50 and older about Social Security and its role in their retirement planning.

A food stamp leaflet and poster are used by SSA field offices in carrying out the provisions of section 1531 of the Food Security Act of 1985 (Public Law 99-198). Under section 1531, SSA field offices are required to inform all Social Security applicants and beneficiaries about food stamps and how to apply for them. SSA also is required to provide food stamp applications in Social Security offices. The leaflet and poster were produced by SSA but funded by the U.S. Department of Agriculture. SAA field offices provide information about food stamps to, and in some cases take food stamp applications from, Supplemental Security Income applicants and recipients.

Although the Health Care Financing Administration (HCFA) is responsible for producing and distributing most Medicare publications, SSA continued to produce Medicare booklets for workers and Social Security beneficiaries nearing age 65 and other potential Medicare beneficiaries. SSA also printed and distributed a variety of other Medicare informational materials to assist SSA field personnel in serving both potential and current Medicare beneficiaries.

In addition, SSA conducted its usual public information activities to support field administration of the agency's programs. About 50 publications explaining Social Security, SSI, and Medicare were produced in 1986. With its computer typesetting program, SSA can produce leaflets in easier-to-read type more efficiently and at little or no additional cost. SSA also produced public service announcements for radio and TV, exhibits, and a variety of other informational materials for field office use in explaining the Social Security programs to older workers and the public in general.

In December 1987, the Social Security Administration, in partnership with the Advertising Council, Inc., will begin a campaign to educate the public on how the Social Security program works and the value of Social Security protection for beneficiaries and workers of all ages and their families. SSA's campaign materials have gone to 1500 broadcast and cable TV stations, 6,000 radio stations, 8,500 newspapers, 1,200 consumer magazines, 2,800 company publications, and several thousand outdoor and transit outlets.

SSI Outreach

In 1987, SSA continued efforts to reach potential SSI recipients. SSA continued to provide public information materials, as well as other support, to organizations which have contact with potential SSI-eligibles.

For example, the Older Women's League (OWL) began a major outreach program by conducting a pilot volunteer program in Seattle, WA. SSA provided thousands of public information pamphlets and posters, and assisted in training OWL volunteer workers.

SSA is now assisting in a demonstration project being operated by the American Association of Retired Persons (AARP) to find ways to increase participation in the SSI program.

All SSA field offices have received outreach posters, "desk cards," which briefly describe SSI eligibility requirements, and a series of articles designed for publication in local newspapers.

SSA continued its expanded coverage of the SSI program in the monthly newsletter, "Information Items," which goes to more than 5,000 groups and organizations interested in SSA's programs, all SSA field offices, and many congressional offices.

V. PRECEDENT-SETTING COURT DECISIONS THAT AFFECT THE ELDERLY MADE DURING FISCAL YEAR 1987

Linquist v. Bowen—Earnings Deductions for Social Security and Railroad Retirement

On January 31, 1987, the U.S. District Court for the District of Missouri found that the Social Security Administration (SSA) and the Railroad Retirement Board's (RRB) policy of offsetting benefits violates the intent of Congress to limit excess earnings deductions for a title II beneficiary to 50 percent of total earnings. SSA and RRB offset benefits payable under each program by 50 percent of the amount of excess earnings over the exempt amount established in each program for each given year. SSA and RRB are working together to implement the *Linquist* court order. The implementation procedures will ensure that for people getting both SSA and RRB benefits and who have earnings, the total reduction of benefits due to excess earnings will be no more than 50 percent under both programs combined.

VI. SUMMARY OF LEGISLATION ENACTED DURING FISCAL YEAR 1987 THAT AFFECTS SSA

Public Law 100-77 (H.R. 558), Stewart B. McKinney Homeless Assistance Act—Signed on July 22, 1987

Provides assistance to protect and improve the lives and safety of the homeless, with special emphasis on families and children.

Establishes, in the Department of Housing and Urban Development, a successor to the Interagency Task Force on the Homeless that would oversee Federal Government actions to assist the homeless and would require each agency head to submit a report within 90 days after enactment and annually thereafter on the use of existing programs to assist the homeless. Requires organizations that operate facilities under a newly established Emergency Assistance for Homeless Chronically Mentally Ill Individuals Block Grant program to provide representative payee services if an individual is receiving SSI and the Secretary appoints the organization as representative payee. Also requires the organizations to assist the homeless in applying for aid from programs such as SSI and food stamps.

Public Law 100-86 (H.R. 27), Competitive Equality Banking Act of 1987—Signed August 10, 1987

Regulates nonbank financial institutions, imposes a moratorium on certain securities and insurance activities by banks, recapitalizes the Federal Savings and Loan Insurance Corporation, allows emergency interstate bank acquisitions, streamlines credit union operations, regulates consumer checkholds, and for other purposes.

Contains provisions to establish a system to promote the orderly payment of Treasury checks by (1) placing a 1 year limit on the negotiability of a Treasury check, and (2) reducing from 6 years to 1 year the time the Federal Government has to recover from a depository institution the amount of a Treasury check paid over a forged endorsement. Also requires the GAO to study and report to the Banking Committees within 6 months, on the extent to which individuals who receive Treasury checks have difficulty cashing such checks.

Public Law 100-98 (S. 1371), Wilbur J. Cohen Federal Building, Designation—Signed August 18, 1987

A bill to designate the Federal Building located at 330 Independence Avenue, S.W., Washington, D.C., as the "Wilbur J. Cohen Federal Building."

Public Law 100-119 (H.J.R. 324), Increase the Public Debt Limit—Signed September 29, 1987

Increases the debt ceiling to $2.8 trillion (which is expected to suffice until May 1989).

Fixes the mechanism for triggering the automatic sequestration of funds (Gramm-Rudman-Hollings amendment of Public Law 99-177) which were invalidated by the Supreme Court and provides new deficit reduction targets for fiscal year 1988 through 1992.

Public Law 100-120 (H.J.R. 362), Continuing Appropriations for Fiscal Year 1988—Signed September 30, 1987

Allows continued Federal spending for Fiscal Year 1988 (until November 10, 1987) at Fiscal Year 1987 levels in the absence of final action on regular appropriations bills.

OFFICE OF INSPECTOR GENERAL

INTRODUCTION

The mission of the Office of Inspector General (OIG) is to prevent and detect fraud, waste and abuse in the Department of Health and Human Services (HHS) programs and to promote more efficiency and economy in its operations. It is the Inspector General's responsibility to report to the Secretary and the Congress any deficiencies or problems relating to HHS programs and to recommend corrective action, where appropriate.

As a result of a Congressional oversight initiative into disclosures of fraud and waste in Federal/State Medicaid and welfare programs, Public Law 94-505 was passed, creating the first statutorily enacted OIG. Enacted in 1976, the law places equal emphasis on the Inspector General's obligation to detect and prevent wrongdoing and his obligation to make recommendations for change and improvments in HHS programs.

A basic foundation of the OIG is to work in a coordinated, cooperative way with other Departmental components to accomplish its mission, except when the Inspector General (IG) believes that such a relationship would compromise the integrity and independence of the OIG. Close working relationships are established with such Department components as the Social Security Administration (SSA), the Health Care Financing Administration (HCFA) and the Public Health Service (PHS), as well as with major agencies such as the Department of Justice (DOJ) and the Government Accounting Office (GAO) to maximize resources devoted to common problems.

ORGANIZATION

The Office of Inspector General is organized into three components—Office of Audit, Office of Investigations, and the Office of Analysis and Inspections—and the Immediate Office.

—The Office of Audit (OA) prepares or reviews about 4,500 audits annually covering all aspects of HHS operations. It also undertakes a number of program audits of HHS programs and represents the OIG in coordinating for the Department the work with the audits of the Government Accounting Office (GAO).

—The Office of Investigations (OI) reviews and investigates all allegations of a potentially criminal nature involving HHS programs. In addition, OI is responsible for imposing administrative sanctions, including civil monetary penalties on health care providers participating in the Medicare and Medicaid programs. Further, OI is responsible for the State Medicaid Fraud Control Unit Program (SMFCU). State units improve detection and elimination of fraud in the Medicaid Program.

—The Office of Analysis and Inspection (OAI) conducts program and management studies of Department operations. These short-term studies focus on items of current interest to key officials of the Department and Congress and are designed to determine a program's efficiency and effectiveness. OAI also has the responsibility of coordinating work relating to the President's Council on Integrity and Efficiency.

The Immediate Office is responsible for setting OIG policy and direction, handling all budgetary and administrative functions, reviewing and developing legislative and regulatory proposals as well as carrying out public and congressional affairs responsibilities.

ACTIVITIES

Our audit, inspection, and investigative reviews focus on: (1) Seeking ways to improve fiscal controls in benefit payment process and trust fund financial management and accounting operations; (2) identifying more efficient and economical improvements in programs, procurements and service delivery, including reviews of the appropriateness of Federal payments for services provided and the quality of care received; and (3) reducing the incidence of fraud, waste, and abuse in the Department's programs.

During fiscal year 1987 Department managers concurred with OIG's recommended financial adjustments of $194.1 million. Of even greater significance, OIG recommendations containing cost savings features totalling over $5.1 billion were implemented through passage of legislation or program changes. These actions, some of which will be carried out over the next 5 years, will prevent improper expenditures, improve agencies' systems and operations and improve services to recipients.

Also, the OIG expends about 85 percent of its investigative resources on the Medicare, Medicaid, and Social Security programs which are so essential to many older Americans. Both individual cases and wider-based projects are largely devoted to detecting and deterring fraud in these programs and to preventing depletion of the trust funds which support them. During fiscal year 1987, OIG obtained successful prosecutions of 1,098 individuals and entities for defrauding these programs.

For the Medicare and Medicaid Programs, the OIG exercises several important authorities, not only for detecting and deterring fraud, but also for punishing fraudulent behavior, delivering excessive or unnecessary services or providing poor quality care. During fiscal year 1987, 440 medical professionals or entities were sanctioned, either through monetary penalties or exclusion from the Medicare and Medicaid Programs. These sanctions included violations for submitting fraudulent bills, furnishing unnecessary services, failing to adequately document their services or failing to provide services that met professionally recognized standards of care. Program exclusion prevents those guilty of fraud or substandard care from serving Medicare or Medicaid patients.

The following are examples of OIG reviews which contain recommendations that have substantial impact on the elderly:

Social Security Client Satisfaction

In 1987, we undertook a survey of Social Security clients and found high satisfaction with Social Security Administration (SSA) services. Using the same methods as a General Accounting Office (GAO) survey conducted in 1984 and 1986, the OIG found that 85 percent of the clients surveyed rated SSA services as good or very good. In comparison, GAO had found 78 percent of the clients rated service as good or very good in 1984 and 81 percent in 1986. Clients noted that:

(1) Waiting times for visits are now shorter than during the GAO surveys, and

(2) The rating for courtesy continued to be about 89 percent.

Overall, the OIG survey found SSA client satisfaction increased during a period when SSA reduced staff. (OAI-02-87-0004).

Coronary Artery Bypass Graft (CABG) Surgery

An OIG study found that hospitals and surgical teams that perform more than 200 coronary artery bypass graft (CABG) surgeries per year have better outcomes in terms of mortality rates, lengths of stay, and charges. Contracting with selected high volume surgeons and facilities would assure quality of care in the most efficient and economical settings. Some of these high volume providers are offering all-inclusive package prices for CABG surgery which cover both hospital and physician costs. The OIG compared these package prices with program payments made for a sample of Medicare beneficiaries and found that over $192 million could be saved each year if HCFA were able to negotiate similar rates for all Medicare beneficiaries who undergo CABG surgery. The review also found that there is considerable controversy surrounding the medical necessity of CABG surgery for certain patients.

The OIG recommended that HCFA require the peer review organizations (PRO's) to review the medical necessity of elective coronary bypass surgeries. In addition, the study recommended that HCFA develop quality of care criteria for CABG surgery providers so that selective contracts can be negotiated. A demonstration project was suggested that would involve package pricing in a "preferred provider option" for Medicare beneficiaries. In response to OIG recommendations, HCFA will include CABG surgery on the mandatory review list for PRO's and has initiated action to develop quality of care criteria for the procedure. The HCFA has agreed to consider proposals for package pricing of CABG surgery at selected sites. (OAI-09-86-00076)

HMO Termination

Based on a number of allegations of questionable practice by International Medical Centers (IMC), a Florida Health Maintenance Organization (HMO), we undertook an OIG-wide review of this organization. We found that IMC's Medicare/Medicaid enrollment was significantly higher than the Federal enrollment standard. This standard helps to assure that quality of care meets community standards. The standard also serves to assure that the basic reimbursement rate is valid since it is based on premiums the HMO charges private enrollees. This HMO was not making a reasonable effort to comply with the enrollment standards which calls for a maximum of 50 percent Medicare/Medicaid enrollment in risk-based HMO's.

In May 1986, we reported the failure by IMC to meet this standard. At that time, Medicare enrollment comprised 72 percent of the HMO's total enrollment. Subsequently, the HMO submitted a marketing plan in which it was to achieve the 50 percent enrollment composition by April 1, 1988, by increasing commercial enrollment.

In March 1987, the HMO's Medicare enrollment had increased to 79 percent, while commercial enrollment had steadily dropped from 27 percent in June 1986 to 21 percent in March 1987. In view of the HMO's negative progress toward meeting the enrollment standard, we notified Department officials that continuing a contractual relationship would be inconsistent with the effective and efficient implementation of the program. HCFA agreed with our recommendation and the HMO's contract was terminated effective July 31, 1987 (CIN: A-14-82-00203).

Home Health Aide Services for Medicare Patients

Medicare covers certain skilled professional services (e.g., physical therapy, personal care) for homebound patients if the services are ordered by a physician and provided through a Medicare-certified home health agency (HHA). By 1990, an estimated 2.2 million patients will receive home health visits, with 30 percent of the visits (or $750 million worth) made by home health aides. The OIG interviewed patients, home health aides, HHA supervisory personnel, State licensure personnel, and others to asses the adequacy of existing Medicare standards for home health aide services.

We found a lack of training and supervision for many home health aides that resulted in the failure to provide patients with the physician-ordered care. When specialized services were performed, there was frequently no documentation of exactly what was done. Problems were particularly serious with HHA's which employed home health aides under contract.

As a result of this study, HCFA is preparing new regulations which include, among other provisions, minimum training and supervision standards for home health aides to assure that homebound patients receive the quality care they deserve and that Medicare funds are not spent on inadequate services. (OAI-02-86-00010)

Kickbacks

The OIG is involved in a variety of investigative activities covering all aspects of HHS programs. A kickback scheme in the Medicare and Medicaid Programs is one example where millions of dollars are lost or where beneficiaries may be placed in jeopardy. The following are two examples:

—Seventeen convictions have been obtained thus far in "Project Grand Slam," a series of investigations into the New York ambulette industry. Kickback payments as high as $10,000 a month were paid by ambulette company owners to physicians and other health care professionals for referrals of patients for transportation. Also on the "payroll" were employees of the State Medicaid fiscal agent, who could assure payment of the transportation claims with no questions asked.

—In another series of ongoing investigations in California, six persons were convicted in diagnostic testing schemes which involved not only multiple Medicare claims and kickbacks but also potential jeopardy of Medicare patient's health. Patients were frequently misled about the need for such testing and sometimes even failed to get any results of the tests. "Marketers" for small companies approached persons in retirement communities, mobile home parks, benevolent societies, spas—anywhere senior citizens were likely to congregate. They offered "free" comprehensive examinations, playing upon fears of heart attack and stroke. They then billed Medicare or private insurance companies for the tests. They also approached doctors, promising patient referrals for a percentage of Medicare or private insurance reimbursement. At least $2.5 million to $3.5 million in claims are thought to have been submitted.

Community Systems Development under the Older Americans Act

The Older Americans Act of 1965 (amended in 1973) set up a system of State and area units to coordinate and provide comprehensive services for the elderly. Discussions were held with elderly clients and with representatives of State, local and area agencies to determine if Area Agencies on Aging (AAA's) are perceived by their communities as effectively providing services to the elderly.

The OIG found that the AAA's appear to be meeting their statutory mandate (e.g., needs assessment surveys, access, legal and nutritional services) to develop community support systems. Ways to improve the AAA's knowledge of aging developments in other parts of the country wre also identified. (OAI-03-87-00038)

Administration on Aging

We reported to the Office of Human Development Services (OHDS) that the financial management system of the Commission on Aging of a U.S. territory did not support expenditures claimed. This provided no assurance that Federal funds were used effectively and for the intended purpose of providing services to the elderly.

Because of system inadequacies, an independent accounting firm was unable to express an opinion on the allowability of the Commission's $9.4 million in claims for Federal financial participation over a 9-year period. The Commission's financial management system was unable to provide basic information needed to manage Federal and local funds, including the documentation needed to support grant costs claimed. Similar system deficiencies were disclosed in a 1982 financial management system review by a joint task force's 1986 follow-up review.

Considering the long-standing nature of the problem, we not only recommended the recovery of the $9.4 million, but also that OHDS suspend funding of the Commission unless it obtains assurance that adequate corrective actions have been taken and that services are being provided to beneficiaries. OHDS has stated that improvements in the Commission's systems have been noted and suspension of Federal funding is not warranted. (CIN: A-02-87-05506)

Less-Than-Effective Drugs

We found one State that continued to pay for drugs beyond the 30-day grace period following publication by the Food and Drug Administration (FDA) in the *Federal Register*, that the drugs were less than effective. Payments continued to be made by the State because: (1) The *Federal Register* arrived late; (2) the State inappropriately relied on sources other than the *Federal Register* for notification of less-than-effective drugs; and (3) State law required a 60-day notification before ending payments for such drugs. Department officials concurred with our recommendation for a financial adjustment totaling about $500,000 and procedural changes to ensure that all less-than-effective drugs are removed from the State drug formulary and that future additions to FDA's list are processed timely. (CIN: 06-87-00234)

Finally, the OIG has made several legislative recommendations which have been incorporated in the Medicare and Medicaid Patient Program Protection Act of 1987 (Public Law 100-93). This important legislation is a major step toward protecting the Nation's elderly and poor from unfit or unscrupulous practitioners and safeguarding these individuals from inappropriate or inadequate care. In addition, by expanding the OIG's exclusion authority, it facilitates the ability of the OIG to eliminate fraud and abuse in Medicare, Medicaid, and other departmental programs.

The law strengthens and expands the ability of the OIG to exclude from Medicare and Medicaid health care providers and practitioners. The law authorizes exclusion of any practitioner whose license has been revoked or suspended in any State. In addition, the law now allows the OIG to exclude individuals or entities convicted of englect or abuse of a patient under any Federal or State law. Furthermore, providers and practitioners who have been convicted of fraudulent activities under the Medicare and Medicaid programs are excluded from participation for a minimum of 5 years. Other new exclusion authorities relate to convictions for obstruction of an investigation, a controlled substance violation and a suspension or exclusion from any Federal program.

Finally, the law creates a clearinghouse network which enhances cooperation between Federal and State authorities in tracking and monitoring potentially dangerious health care practitioners who attempt to practice bad medicine by moving from State to State. This clearinghouse will expand the data bank provisions in section 422 of the Health Care Quality Improvement Act of 1986. Civil monetary penalties under existing statutes, are clarified and expanded.

Public Law 100-93, is the culmination of a long term effort by the OIG, the General Accounting Office (GAO), and the Department of Health and Human Services (HHS) in identifying deficiencies in the health care system. This law as passed by the Congress on July 29, 1987 and signed by the President on August 18, 1987.

OFFICE OF THE GENERAL COUNSEL

American Medical Association v. *Bowen*

In section 9331 of the Omnibus Budget Reconciliation Act of 1986, Congress continued the participating physician and supplier program and, effective January 1, 1987, established new limits on what physicians may charge Medicare beneficiaries. The American Medical Association (AMA) filed suit challenging the implementation of section 9331 on constitutional and Administrative Procedure Act grounds and seeking a temporary restraining order and preliminary injunction until all physicians have been informed by their Medicare carriers of exactly how much they could charge under those new limits as nonparticipating physicians.

The district court denied the AMA's application for preliminary injunctive relief. The court concluded that plaintiffs had demonstrated no likelihood of succeeding on the merits. Plaintiffs had failed to show that constitutionally protected right was being infringed upon and, consequently, had shown no due process violation. Physicians, the court ruled, are not required to treat Medicare patients, and "government price regulation does not constitute a taking of property where the regulated group is not required to participate in the regulated industry." Additionally, plaintiffs had shown no violation of the Administrative Procedure Act.

The court also ruled that granting the relief sought would adversely affect the public interest. The court found section 9331 to be rationally related to a legitimate government function—that of expanding the participating physician program and providing Medicare Part B beneficiaries greater certainty about physician fee levels. Consequently, it would not serve the public interest to grant the preliminary injunction and thereby suspend the operation of a valid statute. Furthermore, the court stated, the financial loss to the trust fund that flowed from a delay would be contrary to the public interest.

Bartlett v. *Bowen*

A Medicare beneficiary who had received care in a Christian Science facility challenged the statutory provision which denied payment for services she later received in a non-Christian Science facility during the same "spell of illness." While the beneficiary had since died, her estate raised a constitutional challenge to the statute, claiming that the provision interfered with the decedent's right to free exercise of her religion. Plaintiff sought to adjudicate this $286 constitutionally-based-claim, notwithstanding the statutory provisions which preclude judicial review for Medicare benefits involving less than $1,000.

A divided panel of the D.C. Circuit Court of Appeals ruled that there was an implicit exception to the statutory preclusion of judicial review of Medicare claims involving less than $1,000 if the claim at issue was a constitutional challenge. The majority further concluded that to the extent that the Medicare Act itself precluded judicial review of Bartlett's $286 claim, it would be unconstitutional.

The dissent argued that the majority's construction of the Medicare Act deformed the statutory text, and that in deciding which Medicare claims were to be excluded from judicial review, Congress defined trivial in dollar terms rather than in terms of legal importance. The dissent concluded that the doctrine of sovereign immunity permitted Congress to place *de minimis* limitations on the circumstances under which a party may sue the government, even on constitutional grounds, to obtain Medicare or other Federal benefits.

Cowan v. *Myers*

The California State Court of Appeals upheld California's use of a restricted definition of medical necessity of services adopted to contain the cost of its Medicaid program. California's Medicaid program was revised to cover only health services which are medically necessary to prevent significant illness, to alleviate severe pain, to protect life, or to prevent significant disability. Using the same analysis, the court also upheld California's system of requiring prior authorization by State agency consultants (in nonemergency situations) of certain drugs as a condition of medical reimbursement. The court specifically relied upon HHS approval of California's plan and deferred to HHS judgment.

Health Industry Distributors Association & National Association of Medical Equipment Supplies v. *Bowen*

The District Court for the District of Columbia denied a request by two trade associations for a preliminary and permanent injunction that would have precluded the Secretary from implementing a notice issued April 20, 1986, identifying a significant number of new Part B items and services as subject to the "lowest charge level" ("LCL") limitation set forth in section 1842(b)(3) of the Social Security Act and implemented by regulation and manual instructions. The court granted summary judgment for the Secretary as to the validity of both the April 20 notice and the challenged manual provisions.

The plaintiffs had alleged that, in issuing the April 20 notice, the Secretary failed to fulfill an alleged affirmative obligation to obtain "evidence" that the items or services identified therein did not significantly vary from supplier to supplier. The plaintiffs further contested the Secretary's view that variations in items were legally significant only if they affected the item's medically necessary function. The court rejected these contentions, agreed with the Secretary that similarly "coded" items of Durable Medical Equipment (DME) could, in the absence of persuasive rebuttal by commenters, be presumed not to vary significantly, and held that the Secretary's April 20 notice constituted a reasonable exercise of his authority under section 1842(b)(3). The Court also rejected the plaintiffs' argument that the carrier manual provisions were invalid because they had not been subjected to APA notice and comment procedures, accepting the Secretary's argument that these provisions were "interpretative rules," and therefore exempt from such requirements. The Court similarly rejected the plaintiffs' claim that the manual provisions were inconsistent with the statute.

Massachusetts v. *Bowen*

This case raises the underlying question of whether Medicaid must reimburse States for certain services provided in ICF's/MR pursuant to State educational plans. The case also involves whether appeals by States from Departmental GAB decisions denying Federal financial participation (FF) should be brought in the U.S. Claims Court or the local Federal district courts. In its decision the Court of Appeals for the First Circuit held: (1) On the jurisdictional issue that monetary recovery on claims for past FFP could only be awarded by the Claims Court, but that the district courts may consider cases like *Massachusetts,* insofar as States are also seeking prospective "declaratory" or "injunctive" relief; (2) on the merits that while the Secretary could seek to develop an audit to exclude from Medicaid coverage services that are not "medical assistance" or "rehabilitative," the Secretary was not entitled simply to exclude from Medicaid coverage all ICF/MR services included in the residents' individual education plans (IEPs), as had been done in previous audits. The Solicitor *certiorari* authorized the filing of a petition to seek Supreme Court review.

Smith v. *Bowen*

The District Court for the District of Colorado declared insufficient the HCFA regulation issued to comply with the mandate of the Tenth Circuit. The court of appeals found a "duty" for the Secretary to implement a "patient-oriented [survey] system" to assure that "high quality care" is being provided in nursing homes receiving Medicaid funds. The district court ordered that this be done by means of "regulations." Proposed regulations were published in response to the court's order in which the preamble described the new, patient-oriented long term care survey system (then called "PACS"), and made all the actual forms available to anyone who requested them. The rule itself, however, simply required that State survey agencies use current forms, methods and procedures.

The district court declared the proposed rule inadequate because it did not actually set forth all of the guidelines and forms which constituted the survey system, and concluded that as a result there was no meaningful opportunity for comment. It also concluded that the 60-day comment period prescribed by the NPRM was legally insufficient, and held that the final rule was inadequate because it did not include details of the methodology which defined the quality of care and the duty of the survey agency. The district court concluded that the survey system is a "legislative rule" subject to notice and comment under the APA. The court ordered the Secretary to publish a new proposed rule, consistent with this opinion. The Secretary has since complied, but plaintiffs are again challenging this publication.

State of California v. *Secretary of HHS and State of Washington* v. *Bowen*

Regulations require the States to use for determination of resources "available" to Medicaid applicants the so-called "name-on-the-check" rule, which allocates the income from a check to the person to whom the check is made out (unless a portion of it is actually contributed to the other spouse). When one spouse is institutionalized (and after a 1-month waiting period) there is no "deeming" of inter-spousal income. Thus, if an institutionalized Medicaid applicant receives a check in his or her name, the entire amount is considered available to him or her. Similarly, if an at-home Medicaid applicant receives a check in his or her name, the entire amount is considered available to him or her.

In community property States like Washington and California, all income received during the marriage is considered to be half owned by each spouse. Medicaid plans that do not follow the name-on-the-check rule, but apply State community property laws which provide that half the income from the check belongs to the other spouse and is not "available" to the applicant-spouse whose name appeared on the check, are disapproved by the Secretary on the ground of conflict with Federal availability requirements.

In two separate opinions, the court of appeals held that State law of ownership determines what is "income" under 42 U.S.C. Section 435.723, and that the question of what is "available" arises only after it is determined what the "income" is. Since under community property law half of the income is not actually income to the recipient, it cannot be deemed available. The court also held that the "name-on-the-check" rule violates the Secretary's regulation against deeming between separated spouses, because it in effect deems back to the person whose name is on the check income deemed to the other spouse under community property law. The court also held that the Medicaid statute intended for the States to develop their own reasonable standards for eligibility. Finally, the court held that Federal law here did not preempt State family property law, because there was no express preemption and the State's plan amendment would not do major damage to clear and substantial Federal interest.

State of Wisconsin v. *Bowen*

This case involves the question of whether the Secretary reasonably interpreted the Medicare Act and implementing regulations as requiring that patients certified as needing care in an "intermediate care facility" (ICF) or in a "skilled nursing facility" (SNF) receive such care only in a facility that is certified as capable of providing that level of care. Wisconsin was assessed a disallowance (UC penalty) for operating a variance scheme under its State law that permitted SNF's, under certain circumstances, to provide inpatient services to ICF patients, and that permitted ICF's, under certain circumstances, to provide SNF services.

The U.S. Court of Appeals for the Seventh Circuit, reversing the District Court, upheld as reasonable the Secretary's administration of the UC provisions and the application of action transmittals pertaining to the level of care question. One Judge dissented, arguing that nothing in the statute compelled this approach, and further arguing that the Secretary's regulations and transmittals arbitrarily and capriciously inhibited individualized medical judgments made under Wisconsin's variance scheme, that ICF residents with worsening conditions or SNF patients with improving conditions should *not* be transferred, respectively, to SNF's and ICF's. Thereafter, the Supreme Court granted Wisconsin's petition to review the case.

American Society of Cataract and Refractive Surgeons v. *Bowen*

In section 9334 of the Omnibus Budget Reconciliation Act of 1986, Congress both rolled back the Medicare prevailing charge levels for cataract surgical procedures and limited what nonparticipating physicians could charge Medicare beneficiaries for those procedures. Plaintiffs challenge the constitutionality of this provision as well as the Secretary's interpretation that both the general fee limit of section 9331 and the specific cataract surgery limit of section 9334 apply to cataract surgeons. Plaintiffs assert that the two fee restrictions exceed Congress' authority to legislate; are irrational and arbitrary in violation of the Fifth and Fourteenth Amendments to the U.S. Constitution; and violate the rights of physicians and patients to liberty, property, and equal protection under the Fifth and Fourteenth Amendments. Plaintiffs also argue that the Secretary's application of both the general fee limit of section 9331 and the specific cataract fee limitations of section 9334 is unsupported by the statute, violates due proceess clause of the Fifth Amendment and was implemented in violation of the Administrative Procedure Act.

Duggan v. *Bowen*

The National Association for Home Care and others sued the Department on February 18, 1987, in the U.S. District Court for the District of Columbia, challenging the implementation of Medicare's home health care policy. They claim that private fiscal intermediaries, who operate under contract with HCFA to administer Part A of the Medicare Program, are making inconsistent and arbitrary decisions with respect to home health care eligibility determinations. Plaintiffs argue that the Department's regulations fail to set forth specific conditions of eligibility for home health care for use in eligibility determinations. Instead, they contend that the Department has illegally issued home health agency and intermediary manuals to govern these determinations. Plaintiffs seek to invalidate certain manual provisions and to enjoin the Department from continuing to delegate home health care decisionmaking authority to the intermediaries until detailed regulations governing Medicare home health care eligibility determinations are promulgated.

FAMILY SUPPORT ADMINISTRATION

DEAR MR. CHAIRMAN: This in response to your letter of September 14 to Secretary Bowen requesting information on HHS programs during fiscal year 1987 for inclusion in the Senate Special Committee on Aging's report, Development in Aging.

The Family Support Administrative (FSA) was established by Secretary Bowen to support his mission to strengthen the family unit. Although the programs within the Family Support Administration are primarily designed to provide assistance for families and their children, the elderly are targeted for assistance in two FSA programs, the Community Services Block Grant (CSBG) and the Low Income Home Energy Assistance Block Grant (LIHEAP). CSBG provides funding for community projects to alleviate the causes of proverty, including projects serving elderly poor and LIHEAP helps low-income households meet heating and cooling costs as well as costs of home repairs that enhance energy efficiency.

Enclosed you will find detailed descriptions of these two programs with regard to the elderly.

Respectfully,

WAYNE A. STANTON, *Administrator.*

Enclosures.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

The Low Income Home Energy Assistance Program (LIHEAP) is one of six block grant programs administered within the Department of Health and Human Services (HHS). LIHEAP is administered by the Department's Family Support Administrative's Office of Energy Assistance (OEA).

LIHEAP helps low income households meet the cost of home energy. The program is authorized by the Omnibus Budget Reconciliation Act of 1981, as amended by the Human Services Reauthorization Act of 1986. In fiscal year 1987, Congress appropriated $1.825 billion for the program.

Block grants are made to States, territories, and eligible applicant Indian tribes. Grantees may provide heating assistance, cooling assistance, energy crisis intervention, and low-cost residential weatherization or energy-related home repair to eligible households. Grantees can make payments to households with incomes not exceeding the greater of 150 percent of the proverty income guidelines, or 60 percent of the State's median income. Most households in which one or more persons are receiving Aid to Families with Dependent Children, Supplemental Security Income, Food Stamps, or need-tested veterans' benefits may be regarded as categorically eligible for LIHEAP.

Low income elderly households are a major target group for energy assistance. They spend, on average, a greater portion of their income for heating costs than other low income households. Grantees are required to target outreach activities to elderly or handicapped households eligible for energy assistance. Grantees can elect to provide other forms of priority treatment to these households. For example, a number of States provide the elderly and handicapped with easier application procedures, higher benefits, or favorable assets or income standards.

In fiscal year 1986, about 38 percent of households receiving assistance with heating costs included at least one person age 60 or over.

OEA is a member of the National Energy and Aging Consortium, which focuses on helping older Americans cope with the impact of high energy costs and related energy concerns.

COMMUNITY SERVICES BLOCK GRANT PROGRAM

The Community Services Block Grant (CSBG) is one of seven block grant programs administered within the Department of Health and Human (HHS). CSBG is administered by the Department's Office of Community Services (OCS) in the Family Support Administration.

CSBG provides funds for a range of services and activities to communities where poverty is particularly acute. The program is authorized by the Community Services Block Grant Act (Subtitle B, Public Law 97-35). Total funding for the CSBG program was $335 million during fiscal year 1987.

CSBG grants are made to States and Indian tribes or tribal organizations. Grantees have the authority and the flexibility to make decisions about the kinds of local projects to be supported by the State or tribe, using CSBG funds. Such projects are designed: (A) To provide a range of services and activities having a measurable and potentially major impact on causes of poverty in the community or those areas of the community where poverty is a particularly acute problem; (B) to provide activities designed to assist low-income participants including the elderly poor to (i) secure and retain meaningful employment, (ii) attain an adequate education, (iii) make better use of available income, (iv) obtain and maintain adequate housing and a suitable living environment, (v) obtain emergency assistance through loans or grants to meet immediate and urgent individual and family needs including the need for health services, nutritious food, housing, and employment-related assistance, (vi) remove obstacles and solve problems which block the achievement of self-sufficiency, (vii) achieve greater participation in the affairs of the community, and (viii) make more effective use of other programs related to the purposes of this subtitle; (C) to provide on an emergency basis for the provision of such supplies and services, nutritious foodstuffs and related services, as may be necessary to counteract conditions of starvation and malnutrition among the poor; (D) to coordinate and establish linkages between governmental and other social services programs to assure the effective delivery of such services to low income individuals; and (E) to encourage the use of entities in the private sector of the community in efforts to ameliorate poverty in the community (Ref. Sec. 675(c)(1) of Public Law 97-35).

Although the Community Services Block Grant Act makes a specific reference to the elderly poor, there is no requirement that the States or tribes place special emphasis on the elderly or set aside funds to be specifically targeted on the elderly. Neither the statute nor implementing regulations include a requirement that grant recipients report on the kinds of activities paid for from CSBG funds or the types of indigent clients served. Hence, it is not possible for OCS to provide complete information on the amount of CSBG funds spent on the elderly, or the numbers of elderly persons served. OCS reviewed procedures for collecting impact data on the elderly in fiscal year 1987. Evaluations including the identification of the impact of CSBG programs on the elderly will be conducted during fiscal year 1988 in conjunction with the existing OCS assessment process.

OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) serves as the principal advisor to the Secretary on policy development and/or management decisions for all population groups served by the department, including the elderly. The long-range goal of policy research in this office is to provide factual information for use by departmental decisionmakers in the development of new policies and the modification of existing programs. This office is responsible for legislative development, planning, policy analysis, and research and evaluation oversight.

ASPE is involved in a broad range of activities related to aging policies and programs. Specific grants and contracts which include the elderly as a major focus are listed individually in this report. In addition, there are a number of research, evaluation and coordination activities which integrate aging concerns with those of other population groups. For example, the elderly are included in studies of health care delivery, poverty, State-Federal relations and public and private social service programs.

ASPE also maintains a national clearinghouse which includes aging research and evaluation materials. The ASPE Policy Information Center (PIC) has been broadened to provide a centralized source of information on evaluative research relevant to the Department's programs and policies. On-going and complete HHS evaluations are tracked, compiled, and retrieved. In addition, the PIC database includes ASPE policy research, the Inspector General's program inspections and reports from the General Accounting Office, Congressional Budget Office and Office of Technology Assessment of Relevance to the Department. Research studies of a short-term evaluative nature conducted by the Department were recently added. Copies of final reports of the studies described in this statement are available upon completion from PIC.

During 1987, staff of the Office of the Assistant Secretary for Planning and Evaluation undertook or participated in the following analytic and research activities which had a major focus on the elderly:

1. Policy Development

CATASTROPHIC ILLNESS EXPENSE

ASPE staff participated in many aspects of the Department's Catastrophic Illness Study. This study responded to the Presidential directive to develop recommendations on how the private sector and government can work together to address the problem of affordable insurance for those whose life savings would otherwise be threatened when catastrophic illness strikes. The technical work group on catastrophic coverage for the general population was chaired by the Deputy Assistant Secretary for Health Policy. Other ASPE staff participated in the groups dealing with the private financing of long-term care and catastrophic coverage of acute hospital care for the elderly. The Department's Medicare Catastrophic proposal has been submitted to the Congress. The long term care proposals for stimulating private financing are under review by the Treasury Department.

LONG TERM CARE

ASPE plans a major role in analyzing long term care issues which cut across the major divisions of the Department. In 1987, ASPE coordinated the development of a legislative proposal to reform the Home and Community Based Waiver Program, participated in the review and analysis of the Department's new nursing home regulations and provide staff support to the Secretary in analyzing a broad range of public/private long term care alternatives.

AGING

Task Force on Alzheimer's Disease

As a member of the DHHS Council on Alzheimer's Disease, ASPE assisted in preparation of the annual report to the Congress on selected aspects of caring for persons with Alzheimer's disease. The report focused on the ways in which the Department is developing state-of-the-art services research on the disorder.

Federal Interagency Forum On Aging-Related Statistics

ASPE is a member of the Federal Interagency Forum on Aging-Related Statistics (The Forum). The Forum was established to encourage the development, collection, analysis, and dissemination of data on the older population. The Forum seeks to extend the use of limited resources among agencies through joint problem solving, identification of data gaps and improvement of the statistical information bases on the older population that is used to set the priorities of the work of individual agencies.

Older Americans Act Reauthorization

ASPE was an active participant in the Department's development and review of the Older Americans Act that was reauthorized during 1987. ASPE provided input into the development of various legislative components of the Act and also provided analyses of the degree to which the Act complied with the Administration's budgetary and policy goals.

2. Research and Demonstration Projects

DATA BOOK ON THE ELDERLY

Macro Systems, Inc.
Al Irion and Suzanne Kitchen, Principal Investigators

The aging of America is an important political, economic, and social phenomenon. It is imperative to understand what an aging society means now and in the future. *The Data Book on the Elderly* is designed to provide a comprehensive source of recent information on the older American population in a concise summary format intended for easy use and reference by policymakers, program administrators, and researchers.

The five chapters of the report present statistical information along with narrative highlights on the following topics: Demographic trends of the elderly, including living arrangements, mobility, migration patterns and future trends; health of the elderly, covering various aspects of health status and life expectancy, utilization of various health care services among the elderly, health care expenditures for the elderly, including income trends, income differences, poverty and wealth among the elderly, sources of income, and assets and pensions; and overview of Federal expenditures targeted at the elderly, emphasizing Social Security, Medicare, Supplemental Security Income and Medicaid; and a discussion of international comparisons, emphasizing Social Security, retirement age, and pension reform.

Several themes emerge such as the impact on America of an aging society, both now and in the future, the heterogeneity of the elderly population, and the interdependency of younger and older generations.

Funding: Fiscal year 1985 $89,000
End date: June 1987

PREVENTION AS A WAY TO IMPROVE THE WORK CAPACITY OF OLDER PEOPLE

Brookings Institution
Louise B. Russell, Principal Investigator

Better health has made it possible for people to remain active longer, thus changing the financial demands on public and private programs. A workshop was held in May 1986 to review the state of knowledge about preventive health practices and work capacity of the elderly. The goal of the workshop was to agree on a valid methodology for studying the cost-effectiveness of prevention, to assess the readiness of specific prevention strategies for evaluation, to agree on basic methodological standards, and to identify the best sources of data. Papers were presented on the following topics: Smoking cessation, hypertension, calcium in the diet, alcoholism, exercise, obesity, and the translation of health effects into work capacity. Proceedings of the workshop were published as a Brookings publication entitled: *Evaluating Preventive Care: Report on a Workshop.*

Funding: Fiscal year 1985 $94,044.

End date: May 1987.

DISABILITY AND LONG-TERM TREND IN HEALTH STATUS

University of Wisconsin, Institute for Research on Poverty
Robert Haveman and Barbara Wolfe, Principal Investigators

This project consists of several interrelated 2-year studies of disability and health status. The last 20 years have brought improvements in health status, physical fitness, and job safety, yet an increasing incidence of disability has been reported, especially among men of older working age. This study addresses the following questions: Is disability actually more extensive now, or is it simply being reporting more accurately because of the growing emphasis on fitness and environmental and safety factors? Do those at risk of disability now live longer because health problems are better detected, then treated? In terms of economic well-being, what role has been played by increased public transfers?

Health data have been merged with household data from the Panel Study for Income Dynamics for the period from 1967 to 1976 and an econometric analysis model has been developed. To date, the main emphasis has been on developing a data base to analyze the economic well-being over time of disabled persons.

Funding: Fiscal year 1985 $226,324.

End date: January 1988.

RESEARCH ON RETIREMENT AND AGING PROJECT

Brookings Institution
Alice Rivlin and Gary Burtless, Principal Investigators

Problems of the aged have attracted increasing attention over the decade as the cost of programs that help the elderly has risen sharply and as the public gradually has become aware of the enormous future costs of programs for the aged.

The project produced a book *Work, Health, and Income among the Elderly*, which contains a series of papers addressing a variety of policy issues relating to the work and health status of the aged and to the adequacy of income and food consumption within older households. Among the topics addressed are mortality and health trends with special focus on whether rapid gains in longevity have led to greater frailty in the elderly population; trends in the health status and work capacity of older workers and the effects of changing health and mortality rates on the design of public retirement and disability programs; the effects of earnings, education, and industrial or occupational attachment on the health status and work capacity of American men aged 58 to 73; the effect of early retirement on the food consumption of the elderly; whether more generous benefits have led to early retirement; and the determinants and adequacy of life insurance among married couples between ages 58 and 65.

Funding: Fiscal year 1984 $362,551.

End date: January 1987.

FINANCIAL AND MACROECONOMIC IMPLICATIONS OF ACCUMULATION AND DECUMULATION IN THE OASDI TRUST FUNDS

Brookings Institution
Henry Aaron, Gary Burtless, and Barry Bosworth, Principal Investigators

ICF Inc., Wharton Econometric Forecasting Associates and Dale Jorgensen Associates, Sub-Contractors. Joseph Anderson, Principal Investigator.

This project is an investigation into the medium and long-run policy implications of massive projected OASDI trust fund accumulations followed by decumulations, on trust fund investment strategy, the conduct of monetary policy, savings, capital formation, and economic growth. The project is jointly supported by ASPE and the Social Security Administration.

This research has three objectives: (1) selection of representative economic policy scenarios for the period 1986–2050, based on plausible assumptions about variations in Federal budgetary and monetary policies, and using theories of economic behavior that have broad acceptance in the professional economic community; (2) analyses of the nature and timing of possible significant effects on the national economy that might result from the investment and later disinvestment of the combined assets of the OASDI Trust Funds under each of the economic policy scenarios; and (3) analyses of the implications of these effects for current OASDI Trust Fund investment policy, including the possible desirability or necessity of revising that policy, the nature of any revisions that might be contemplated and the rationale for these conclusions.

Funding: ASPE—fiscal year 1987 $20,256.

End date: December 1987.

TAX-DEFERRED INDIVIDUAL SAVINGS ACCOUNTS

National Bureau of Economic Research
David A. Wise and Steven Venti, Principal Investigators

Individual retirement accounts (IRA's) were established in 1974 as part of the Employee Retirement Income Security Act to encourage employees not covered by private pension plans to save for retirement. The Economic Recovery Tax Act of 1981 extended the availability of IRAs to all employees and raised the contribution limit. Although IRA's are potentially an important component of saving for retirement, with total contribution in 1982 of almost $30 billion, little is known about the determinants of IRA contributions or about the effects of IRA accounts on net savings.

The work completed in this grant consists of three recently completed papers on tax-deferred individual savings accounts and the role of IRA's. The first paper, *The Determinants of IRA Contributions and the Effects of Limit Changes*, looks at the determinants of contributions to IRA accounts without considering either their relationship to other forms of saving or the effects of changes in the contribution limit. Two additional papers focus on the relationship between IRA contributions and other forms of saving: *Tax-deferred Accounts* and *Constrained Choice and Estimation of Individual Saving and IRA's and Saving.*

Almost 20 percent of employees were found to have made IRA contributions in 1982 with approximately 80 percent of total contributions being made by persons with annual incomes between $10 and $50 thousand. Persons without private pension plans, however, were no more likely than those with them to contribute to an IRA. Very little of the increase in savings due to changes in IRA limits appears to have offset by a reduction in other financial assets—with 45 percent to 55 percent of the increase being funded by reductions in consumption and approximately 35 percent by reductions in taxes. The reduction in other forms of saving as a percent of the IRA increase also appears to be small. The authors also found that IRA's do not serve as a substitute for private pension plans, that is, the legislation did not disproportionately increase retirement saving among persons without pension plans. The more general goal of increasing individual saving is realized.

Funding: Fiscal year 1984 $60,621.

End Date: August 1987.

SAVING BEHAVIOR OF OLDER HOUSEHOLDS

Michigan State University
Paul L. Menchik, F. Owen Irvine, Jr., and Nancy Ammon Jianakoplos, Principal Investigators

This study uses a longitudinal data set (the National Longitudinal Survey) to construct a total household saving function. The work tests the determinants of bequests and the effect on savings of the desire to leave a bequest. The sensitivity of saving to various factors which are related to risk, such as household income variability, the presence of multiple earners within the households, the prospect and receipt of private and public income transfers, poor health, and provision of insurance is also being tested. In addition, the saving function includes the rate of return that each household earns on its portfolio.

Funding: Fiscal year 1984 $73,949.

End Date: July 1987.

TAXPAYER AND EMPLOYER PROVISION OF FRINGE BENEFITS

Upjohn Institute
Stephen A. Woodbury and Wayne Wendling, Principal Investigators

A model was developed to predict changes in the mix of total compensation in response to changes in personal and corporate income taxation and other Federal policies. The study will measure differences in the employers' cost of providing different benefits as a way of estimating tradeoffs between components of the fringe-benefits package, particularly between health benefits and pension benefits. This method should produce improved estimates of previously measured tradeoffs between fringe benefits as a whole and wages, as well as accurate simulations of responses by employees to a variety of potential policy changes.

Funding: Fiscal year 1984 $71,650.
End date: December 1987.

FACTORS OF RETIREMENT DECISIONS: AN ANALYSIS OF THE EFFECT OF JOB CHARACTERISTICS, FINANCIAL INCENTIVES AND HEALTH STATUS

Brandeis University
James Ott and James H. Schulz, Principal Investigators

This study improved a data set collected for a previous research effort drawn from records at Polaroid and a survey of sampled individuals who had recently made a retirement decision there. Descriptive and econometric analyses of the impact of financial factors on workers with various health and job characteristics were undertaken to estimate a structural model of the retirement decision in order to determine the precise weights associated with various factors affecting the decision.

Funding: Fiscal year 1985 $83,419.
End date: January 1987.

PENSION PROVISION PROJECT—PARTS III AND IV

National Bureau of Economic Research
Zvi Bodie, John B. Shoven, and David A. Wise, Principal Investigators

Part III

A series of studies on pensions was presented at a conference in April 1984 and published in June 1987 in a book entitled, *Issues in Pension Economics.* The book is the third of four conference volumes reporting the findings of the project. There are four chapters in this volume: (1) Pensions and Corporate Finance; (2) Pensions and Retirement Income Adequacy; (3) Pensions and Savings Behavior; and (4) Pensions and the Labor Market. This volume builds on the first two parts of this project which resulted in the publication of: *Financial Aspects of the United States Pension System (1983) and Pensions, Labor, and Individual Choice (1985).*

Part IV

This series of studies on pensions was presented at a March 1985 conference. The papers will be issued as a publication entitled *Pensions in the U.S. Economy* in 1988 by the University of Chicago Press for the National Bureau of Economic Research. The volume will consist of the following studies:

1. Bodie, Zvi, Alan Marcus and Robert Merton, "Defined Benefit and Defined Contribution Plans: What are the Real Tradeoffs?"

Defined benefit and defined contribution plans have significantly different characteristics with respect to the risks faced by employers and employees, the sensitivity of benefits to inflation, the flexibility of funding, and the importance of governmental supervision.

2. Bernheim, B. Douglas and John Shoven, "Pension Funding and Saving."

The topics of this paper include: (1) Personal saving and the relationship to pension contributions, unfunded liabilities, assumed interest rates, and recent developments in pension funding; (2) a target saving model of pension funding with derivations of the elasticity of contributions to changes in interest rates; and, (3) econometric estimates of aggregate contributions as a function of lagged interest rates, inflation rates, the pattern of wage growth, and the behavior of the stock market.

3. Boskin, Michael J. and John B. Shoven, "Poverty Among the Elderly: Where Are the Holes in the Safety Net?"

This paper contains an investigation of the percentage, absolute amount and characteristics of poor elderly and an anlaysis of changes in the economic well-being of the elderly.

4. Friedman, Benjamin and Mark Warshawsky, "The Cost of Annuities: Implications for Saving Behavior and Bequests."

Most individuals in the United States neither buy individual life annuities or significantly run down their assets in their retirement years. This behavior sharply contradicts standard theories of consumption-saving behavior. The analysis in this paper lends support to an explanation for this phenomenon based on the interaction of an intentional bequest motive and annuity prices that are not actuarially "fair". Simulations of an extended model of life cycle saving and portfolio behavior, allowing explicitly for uncertain lifetimes and Social Security benefits, show that the load factor charged on individual life annuities would have to be far larger than estimated levels to account for the observed behavior in the absence of a bequest motive. By contrast, the combination of a load factor in this range and a positive bequest motive can account for this behavior under plausible conditions.

5. Friedman, Benjamin and Mark Warshawsky, "Annuity Yields and Saving Behavior in the United States."

This study improves on the authors' earlier analysis by representing the cost of annuities as the (negative) differential between the implicit expected yield on annuities and the available yield on alternative forms of wealth holding, rather than as the (positive) differential between the premium on annuities and their implicit expected value. Given the inverse relationship between yield and price for any fixed-income investment vehicle, these two forms of analysis are simply the dual of one another.

6. Bulow, Jeremy, "Pension Funding and Investment Policy."

The purpose of this paper is to summarize the economic theory of pension liabilities and subsequently discuss funding and investment policy.

7. Frant, Howard L. and Herman B. Leonard, "State and Local Government Pension Plans: Labor Economics or Political Economy?"

The evolution of pension arrangements in different jurisdictions appears to have led to a considerable degree of local variation in plan features. The level and timing of pension benefits and of the accrual of pension rights by employees—and the work incentives thereby created—are strikingly variable across plans. The primary purpose of this paper is to describe that variation and give some insight into its sources. By examining 94 local employee public pension plans from 33 States, the goal is to describe the character and variety of public pension plans, to examine the roles played by certain features of these plans, and to assess their relative importance.

8. Lazear, Edward and Robert Moore, "Pensions and Turnover."

This paper does two things related to correcting weaknesses of earlier work: First, it derives the appropriate pension variable to use in a regression that relates turnover to pension. Second, it constructs a new data set and applies the approach to those data. The data include explicit information on the pension formula and also on the workers who are currently employed.

9. Wise, David A. and Steven F. Venti, "The Determinants of IRA Contributions and the Effect of Limit Changes."

Based on data obtained through a special supplement to the May 1983 Current Population Survey, the goals of this analysis are: (1) To analyze the effect of individual attributes on whether a person contributes to an IRA, (2) to determine the effect of individual attributes on how much is contributed, and (3) to simulate the effect of potential changes in contribution limits on the amount that is contributed to IRA accounts.

Funding: Fiscal year 1983 $503,000.

End date: January 1988.

PANEL STUDY OF INCOME DYNAMICS

University of Michigan, Institute for Social Research
James N. Morgan, Greg J. Duncan, and Martha S. Hill, Principal Investigators

Through an interagency consortium coordinated by the National Science Foundation (NSF contributes approximately $1.5 million per year), ASPE assists in the funding of the Panel Study of Income Dynamics (PSID). This is an ongoing nationally representative longitudinal survey that began in 1968 under the auspices of the Office of Economic Opportunity. The PSID has gathered information on family composition, attitudes, employment, sources of income, housing, mobility, and a host of other subjects every year since 1968 on a sample of approximately 5,000 families and has followed all original sample members that have left home. The current sample size is over 7,000 families. The data files have been disseminated widely and are used by hundreds of researchers both within this country and in numerous foreign countries to get an accurate picture of changes in the well-being of different demographic groups including the elderly.

Funding: ASPE (and HHS precursors)—fiscal year 1967 through fiscal year 1979—$10,559,498; fiscal year 1980—$698,952; fiscal year 1981—$600,000; fiscal year 1982—$200,000; fiscal year 1983—$250,000; fiscal year 1984—$550,000; fiscal year 1985—$300,000; fiscal year 1986—$225,000; fiscal year 1987—$250,000; fiscal year 1988—$250,000.

SURVEY OF CONSUMER FINANCES

University of Michigan, Survey Research Center
Richard Curtin, Principal Investigator

The Survey of Consumer Finances interviewed a representative sample of U.S. families in the spring of 1983 gathering a detailed accounting of family assets and liabilities; questioning also covered financial behavior and attitudes, work status, job history, and expected benefits from pensions and social security. A supplemental instrument gathered information on the pension entitlement of individuals in the sample. Detailed descriptions of pension plans are being linked to household files.

Data from the survey are expected to be widely used for investigation of the distribution of holdings of various assets and liabilities, of net worth, and of entitlement to pension and social security benefits. In addition, these data will support research on financial behavior of individuals and on the effect of social security and pensions on the holdings of other assets.

The survey was jointly sponsored by the Board of Governors of the Federal Reserve System, the Department of Health and Human Services, the Department of the Treasury, the Federal Deposit Insurance Corporation, the Federal Trade Commission, and the Department of Labor.

The Survey Research Center has recently completed the second wave of the survey. Follow-up telephone interviews with respondents from the first survey were conducted updating basic information from the original wave and adding new areas of questioning. Data from this wave will be available spring, 1988.

Consideration is also being given to conducting an in-person third wave in 1989 to obtain another household balance sheet.

Funding: ASPE—$1,012,096; Total—$1,711,983

Funding by fiscal year 1982—$750,000; 1983—$132,096; 1984—$130,000.

NATIONAL DIVORCE SETTLEMENT MODEL

Research Triangle Institute
Janet Griffith, Gustavo Arcia and Charlene Gogan, Principal Investigators

This project models and estimates the effect of various social, economic, and legal factors on property settlements and alimony awards in divorce, using data from the 1982 Current Population Survey supplement on child support, alimony, and property settlements. The results contribute to a better understanding of the extent to which property settlements implicitly take account of the social security earnings records which the law currently does not allow to be explicitly shared.

Funding: Fiscal year 1984 $69,494.

End date: March 1987.

INSTITUTE FOR RESEARCH ON POVERTY SMALL GRANTS PROGRAM

University of Wisconsin, Institute for Research on Poverty

As part of the Congressional earmark for the Institute for Research on Poverty (IRP), grant awards are provided to individuals not associated with the Poverty Institute for research in broad areas of government policy toward poverty. Several have some connection to research on the elderly. Among those awarded in 1987 are the following:

"Work and Health Status Among Older Persons: An Analysis of Race Differences." Diane R. Brown, Howard University.

"Interactions Among Social Welfare Programs." Gordon H. Lewis, Carnegie-Mellon University.

The list of studies completed in 1987 with relevance to the elderly follows:

Donald Cox. "The Connection Between Public Transfers and Private Interfamily Transfers." Institute for Research on Poverty Discussion Paper #840-87, July 1987.

Peter Kemper, Robert Applebaum, and Margaret Harrigan. "A Systematic Comparison of Community Care Demonstration." Institute for Research on Poverty Special Report #45, June 1987.

Olivia S. Mitchell. "Social Security Reforms and Poverty Among Older Dual-Earner Couples." Institute for Research on Poverty Discussion Paper #845-87, August 1987.

Silvana Pozzebon and Olivia Mitchell. "Married Women's Retirement Behavior." Institute for Research on Poverty Discussion Paper #841-87, July 1987.

Other IRP projects of related interest published in 1987 include:

Christine Ross, Sheldon Danziger, and Eugene Smolensky, "Interpreting Changes in the Economic Status of the Elderly, 1949-1979." *Contemporary Policy Issues,* April 1987.

Eugene Smolensky, Sheldon Danziger, and Peter Gottschalk. "The Declining Significance of Age in the United States: Trends in the Well-Being of Children and the Elderly since 1939." Institute for Research on Poverty Discussion Paper #839-87, July 1987.

LONG-TERM CARE SERVICE USE: LONGITUDINAL AND PREDICTIVE MODELS

Hebrew Rehabilitation Center
John Morris, Principal Investigator

This research will characterize community and institutional service use patterns over a 5-year period (1982-87), based on secondary analyses of longitudinal data for over 4,000 Massachusetts elderly. Emphasis will be placed on community service use of persons judged to be at high risk of institutional placement. For nursing home users, the elderly will be distinguished as long-stayers, short-stayers or terminal. The proposed data set consists of two samples: A cross-sectional cohort of community residing elderly (70 percent of the total sample) and a cross-sectional cohort of elderly clients served in the Massachusetts Home Care Program.

Funding: Fiscal year 1987 $54,536.

End date: September 1988.

CONFERENCE ON HHS LONG-TERM CARE DATA BASES

Maximus, Inc.

Over the last 5 years the Department has fielded five major surveys which substantially enhance the breadth and quality of data available to the general public on the utilization and costs of long-term care services.

The purpose of this conference was to: (1) Share technical information with respect to data base documentation issues, limitations of the surveys and alternative methods for overcoming limitations; (2) share results of on-going analytic work employing these data bases; and (3) demonstrate the potential of these data bases for assisting employers, insurance companies, and State agencies in projecting service needs and planning and costing out public and private financing alternatives.

Funding: Fiscal year 1987 $28,000.

End date: May 1987.

STATE LONG-TERM CARE SYSTEMS REFORM

National Governors Association
Dianne Justice, Principal Investigator

This study is comparing and assessing the experience of six States in implementing long-term care systems reform efforts to better integrate the in-home and community service sectors, improve targeting of services and promote cost efficient management and service delivery. The study will compare State philosophies on long-term care reform; analyze strategies selected by States to better integrate and coordinate long-term care services; describe the effectiveness of Federal policies and programs in bringing about State-level system reforms; identify Federal, State, and other barriers believed to impede progress in systems reform; and describe alternative strategies for overcoming them. The study will yield organizational and program models to assist States that have not moved as far toward a statewide coordinated system as those States selected for this study. It should also serve as background for Federal long-term care strategies which support statewide systems reform efforts.

Funding: Fiscal year 1986 $200,000.

End date: December 1987.

THE USE, COST AND ECONOMIC BURDEN OF NURSING HOME CARE IN 1985

University of North Carolina, School of Public Health
Tom Rice, Principal Investigator

Data from the 1985 National Nursing Home Survey will be analyzed to determine the amount and duration of the out-of-pocket payments for nursing home care. Characteristics of those who pay for nursing home care out-of-pocket will be compared with those whose care is Medicaid financed. The analysis is expected to result in a better understanding of how many and how quickly private pay patients "spend down" to Medicaid eligibility.

Funding: Fiscal year 1987 $49,851.

End date: September 1988.

CHARACTERISTICS OF THE ELDERLY LONG TERM CARE POPULATION AND ITS SERVICE USE

Duke University, Center for Demographic Studies
Ken Manton, Principal Investigator

The project is organized into two phases. In the first year there will be an analysis of the 1982–84 National Long Term Care Survey and the National Long Term Care Channeling Demonstration data sets. The focus will be on functional transitions at advanced ages and the impacts of long term care services on these transitions. In the second phase, additional national data bases like the Longitudinal Supplement on aging will be examined to refine and extend the understanding of health and functional status changes among the impaired elderly as well as trends in service use.

Funding: fiscal year 1987 $56,933.
End date: September 1989.

REDUCING NURSING HOME UTILIZATION COSTS THROUGH COMMUNITY-BASED LONG TERM CARE: AN OPTIMIZATION ANALYSIS USING DATA FROM THE NATIONAL CHANNELING DEMONSTRATION

Syracuse University, Maxwell School of Citizenship and Public Affairs
Vernon Green, Principal Investigator

The research addresses the question of the extent to which long term care resources can be allocated strategically among clients to reduce nursing home use and costs. It will make use of techniques of econometrics and mathematical optimization to address this issue, using data from the National Long Term Care Channeling Demonstration.

Funding: fiscal year 1987 $76,297.
End date: September 1988.

1988 NATIONAL LONG TERM CARE SURVEY—ADDITIONAL ACTIVITIES

Duke University, Center for Demographic Studies
Ken Manton, Principal Investigator

Under a grant from the National Institute on Aging (NIA), Duke University (through the Census Bureau) is conducting the 1988 National Long Term Care Survey. Duke will produce a data file consisting of the 1982, 1984, and 1988 surveys linked to Medicare bill records. An additional grant jointly administered by NIA and the Office of the Assistant Secretary for Planning and Evaluation will support three supplementary activities: (a) A survey of informal caregivers, (b) a follow-back survey of institutionalized persons, and (c) an analysis of the effects of supply factors on respondent use of services.

Funding: fiscal year 1987 $300,000.
End date: September 1989.

PPS IMPACTS ON MEDICARE-COVERED SERVICES FOR IMPAIRED ELDERLY

Duke University, and The Urban Institute
Kenneth Manton, Principal Investigator

The purpose of this study is to provide policymakers with early information on changes in the utilization of Medicare covered services brought about by the implementation of the Prospective Payment System (PPS). The study will provide a preliminary empirical analaysis of differences in the utilization patterns of hospital, skilled nursing facility and home health services under Medicare, before and after PPS. Special emphasis will be placed on how PPS affected Medicare services received by elderly persons with chronic as well as acute conditions.

Funding: fiscal year 1986 $115,000
End date: December 1987.

DESIGNING A STUDY OF THE APPROPRIATIONS OF POST-HOSPITAL CARE RECEIVED BY MEDICARE BENEFICIARIES

Systems Sciences, Inc. and Mathematica Policy Research
Cyrus Baghelai and Barbara Phillips, Principal Investigators

The Office of the Assistant Secretary for Planning and Evaluation, in conjunction with the Health Care Financing Administration, intends to conduct a large survey of Medicare beneficiaries to investigate post-hospital care and to determine the consequences of the failure to receive such care. Due to the complex nature of this study, a number of methodological issues must be resolved before it can be under-

taken. To accomplish this, the study will be conducted in two phases: (a) The pilot study phase and (b) the national study phase.

The pilot phase is in progress and has included an assessment of the advantages and disadvantages of a variety of approaches to carrying out the study and the development of the data collection instruments and the guidelines to be used to determine the adequacy of care received. The field work for the pilot study is scheduled to begin in January 1988 and will include testing of the guidelines and the data collection instruments.

Upon completion of the pilot study, the data will be analyzed and a determination made regarding the feasibility of implementing the large scale survey of Medicare beneficiaries.

Funding: FY 1986 $150,000; FY 1987 $200,000.

End date: September 1988.

ANALYSIS OF MEDICARE SERVICE USE AND INSTITUTIONALIZATION

Duke University and the Urban Institute
Ken Manton, Principal Investigator

This project will use the 1982 and 1984 Long Term Care Surveys to identify persons who became institutionalized during the study period, to examine the frequency of those admissions, to determine the effects of nursing home admissions on household income and assets (spend down), and to examine differences in the health and functional status of persons who experience spend down versus others who don't. The extensive survey data on income and assets and marital status will allow a comprehensive analysis of the broader spend down issue as well as a more narrowly focused examination of the community spouse issue (i.e., the availability of household assets when the asset-holding spouse is institutionalized and the other spouse remains in the community).

Funding: FY 1987 $150,000.

End date: October 1988.

REVIEW OF STATE QUALITY ASSURANCE PROGRAMS FOR HOME CARE

Macro Systems, Inc.
Jim Focht, Principal Investigator

This study is designed to examine the manner in which states ensure the quality of home care services. Key officials in 21 States will be interviewed to obtain information on the programs those States employ to ascertain whether there are quality-related problems in the delivery of home care services and to identify and examine mechanisms used to address those problems.

Although Medicare funded services will be examined, the major responsibility for ensuring the quality of home care services rests with the States. Accordingly, the major focus of the project will be those services funded under the Older Americans Act, the Social Services Block Grants, Medicaid and other State and locally funded programs.

Funding: FY 1987 $134,000.

End date: June 1988.

SMALL AREA SYNTHETIC ESTIMATION OF DEPENDENCY

University of North Carolina, School of Public Health
William Weissert, Principal Investigator

While a substantial portion of long term care planning occurs at the State and local level, most prevalence rate estimates on functional dependency are reliable only nationally. This study will produce models to estimate the prevalence of functional dependency among the non-institutionalized elderly for small areas (States and counties) for each of three income groups: household income less than $3,000; $3,000–40,000; greater than $40,000. Specific estimates of functional dependency for each State and selected counties will also be made. Software showing how to do these analyses will be developed and disseminated to State and local officials. The data sets employed will include the 1980 Census, the 1977, 1979, and 1980 Health Interview Surveys and the 1977 Nursing Home Survey.

Funding: FY 1987 $50,725.

End date: September 1988.

ANALYSIS OF LINKED CARRIER AND INTERMEDIARY DATA BASES

The Mandex, Inc.
Howard West, Principal Investigator

This project will analyze linked Medicare A and B data records in five States from 1983–85 to determine redistributive effects of bundling hospital based physician services (RAPS); the extent to which in each State a small percentage of physicians treats most Medicare patients and trends over time; and unbundling of physician services from surgical global fees.

Funding: FY 1987 $45,000.

End date: September 1988.

FOLLOW-UP TO 1983 SURVEY OF PHYSICIAN PRACTICE COSTS AND INCOME

National Opinion Research Center
Janet Mitchell, Principal Investigator

ASPE is jointly funding with the Health Care Financing Administration, this follow-up to a 1983 survey. Information will be obtained from 3,500 physicians on (1) over priced procedures, (2) changes in costs of malpractice insurance and impact on physician practice, and (3) participation in Medicare's PAR program.

Funding: FY 1986 $471,000; FY 1987 $215,000.

End date: July 1988.

OUTCOMES RESEARCH

The Health Care Financing Administration (HCFA), the National Center for Health Services Research, and the Office of the Assistant Secretary for Planning and Evaluation are cooperating in the development and execution of a structured program plan of research into health care outcomes. An on-going component of this activity has been the Hospital Cost and Utilization Program (HCUP), conducted by NCHSR, which all three entities have helped to finance. In addition, as appropriate, the three organizations have also sponsored specific outcomes research studies as resources and opportunity have permitted. Although a specific project has not yet been selected, these resources are being maintained to support such a project in FY 1988.

Funding: FY 1988 $160,000; FY 1989 $175,000.

POST-ACUTE CARE FOR MEDICARE PATIENTS

University of Minnesota
Robert Kane, Principal Investigator

The primary objective of this study is to establish the "natural history" of the care received by Medicare patients who receive and potentially benefit from rehabilitative services. Availability of care in other post-acute care settings can influence both the cost and the outcome of rehabilitative care. Providing a history of where, what, and how much care beneficiaries receive as well as a measure of their outcome will provide the factual and statistical basis for examining a prospective payment system for Medicare rehabilitative services and, potentially, for other post-acute care services. Further, it will provide an analytic base for measuring outcomes related to Medicare quality of care in post-acute care settings. Finally, findings from an examination of Medicare beneficiaries and Medicare-provided services also can provide a proxy or surrogate measure of needs, services and outcomes pertinent to the broader population receiving similiar rehabilitative services.

Funding: Fiscal Year 1987 $500,000, Fiscal Year 1988 $727,000.

CURRENT POPULATION SURVEY

In preparation for the March 1988 version of the Annual Demographic Supplement to the Current Population Survey (CPS), the Bureau of the Census has radically revised its health insurance and health-related questions. These revisions follow discussions between representatives of HHS and the Bureau of Census of the Department of Commerce directed at achieving a more comprehensive and analytically more useful household data collection approach.

Funding for the collection, modification, and processing of these specific data items has in the past not been incorporated into the Census Bureau's CPS budget. HHS staff have indicated that following the 1988 CPS, this Department intends to substantially reduce our current level of support as funding is integrated into Census own budget.

Funding: Fiscal Year 1987 $30,000; Fiscal Year 1988 $30,000.

PUBLIC HEALTH SERVICE

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Alcohol problems among elderly Americans are of increasing concern. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) supports and conducts research on incidence, prevalence, and treatment effectiveness of alcoholism and alcohol abuse among the elderly, and to gain a better understanding of the causes and consequences of problem drinking in this population. Because of the embryonic stage of research in alcohol and aging and the minimal data-based information available in this area, the Institute encourages applicant-initiated research projects in any of the vast number of topics related to alcohol and aging.

In addition to making grant awards, the Institute is involved in a number of other aging-related activities. NIAAA staff participate actively in the Federal Forum on Aging-related Statistics. The goal of this group is to encourage cooperation among Federal agencies in the development, collection, analysis, and dissemination of data on the elderly. The Institute also participates in the Ad Hoc Inter-agency Committee on Research in Aging (IACRA). The overall goal of IACRA is to coordinate Federal efforts on aging projects and to provide an information exchange for the participating agencies. Upon request, NIAAA provides consultation to service agencies which have or are developing special services for older persons with alcohol problems. The Institute continues attempts to raise the public's awareness of issues in alcohol and aging. Through the National Clearinghouse for Alcohol and Drug Information (NCADI), NIAAA disseminates aging and alcohol information including copies of its spring 1984 issue of *Alcohol Health and Research World* (Vol. 8, No. 3) which was devoted entirely to alcohol and aging. NIAAA staff have addressed issues of alcohol and aging in articles published in professional journals and presentations at professional meetings. A trained gerontologist is now employed in the Division of Clinical and Prevention Research, NIAAA.

Particularly in view of the increasing growth of the older population and the increasing use of alcohol in the United States, public awareness of late life alcohol use/abuse is considered by NIAAA as especially important. The Institute is hopeful that its consciousness-raising efforts, both in the community and the academic world, will benefit the Nation's older citizens by increasing the number of research and service efforts which focus on late life alcohol use and abuse, and thereby help prevent further problems with alcohol among the elderly.

The following is a description of the 1987 research efforts conducted or supported by the National Institute on Alcohol Abuse and Alcoholism.

CONDUCTED RESEARCH—MEDICARE AND MEDICAID ALCOHOLISM TREATMENT DEMONSTRATION

NIAAA and the Health Care Financing Administration (HCFA) concluded a 4-year demonstration in six States of extending Medicare and Medicaid benefits to include alcoholism treatment services in outpatient and non-hospital residential treatment programs. Presently, Medicare and Medicaid generally do not reimburse for alcoholism treatment in settings other than hosptials; yet non-hospital settings for treatment are significantly less expensive and more widely available than are hospitals.

Under this demonstration, initiated in fiscal year 1981, alcoholism treatment services are being provided by almost 80 programs in the following States: Connecticut, Illinois, Michigan, New Jersey, New York, and Oklahoma. Connecticut and Oklahoma are demonstrating the expansion of covered services under Medicare only, and the program in Oklahoma has an Indian patient emphasis.

The total amount reimbursed to Medicare clients from July 1982 through September 1985 was $4,626,095. During the first year of the demonstration, an average of $43,371 was reimbursed each month. The average reimbursement for each month of the second, third, and fourth years was $122,476, $175,456, and $176,820, respectively. A total of 2,834 Medicare clients participated in the demonstration, of whom 1,556 (55 percent) were 65 years of age or older, and 1,278 participants (45 percent) were under 54 years of age. Data regarding the Medicaid participants are neither as complete nor as current as are those for the Medicare participants. This is because the information for Medicaid participants must be obtained from each State's information system rather than from centralized files, as is the case for Medicare data. There were 5,377 Medicaid clients participating in the demonstration.

An evaluation of the demonstration results in scheduled for completion in July 1988. It will report on the extent to which the demonstration objectives were met. The health care costs of the clients before and after alcoholism treatment will be included in the report. No fiscal year 1987 funding was required by NIAAA.

EPIDEMIOLOGIC RESEARCH

The NIAAA collaborates with the National Center for Health Statistics (NCHS), in the collection of alcohol-specific data. Three surveys are providing valuable information on the prevalence and nature of alcohol problems among the elderly.

(1) The HANES I Epidemiologic Followup Study: NIAAA collaborates with the National Center for Health Statistics (NCHS) on an ongoing basis to collect alcohol use data in the Health and Nutrition Examination Survey series (HANES) with special focus relating to the elderly. A cohort of 14,407 older individuals who participated in the HANES I Study in the early 1970's, was reinterviewed about health practices, habits, and health problems over the intervening 10-year period. Those who could not be interviewed due to death were followed up through death and health records. Interviews with relatives or other pertinent individuals were conducted. Cause of death and contributing conditions as well as proxy information about the decendents have been compiled. This survey is yielding important longitudinal information about alcohol problems and health effects. Spearheaded by the National Institute on Aging (NIA), the survey significantly oversampled the elderly, thus providing valuable information on changes in drinking habits with age as well as related health consequences. The complete data tapes became available in mid-1985, and a number of analyses have been initiated including trend analysis relating specific drinking patterns to particular long-term health outcomes. The inclusion of proxy respondents for decedents has allowed analyses of dietary intake, lifestyle habits, and their contribution to premature death.

(2) The National Mortality Followback Survey, 1987: NIAAA is collaborating with NCHS to study the health status and medical services received during the last year of life of a selected sampling of individuals who died during the 1986 calendar year. Factors to be examined include lifetime as well as recent alcohol consumption, which can then be correlated with causes of death and other contributing conditions. Since the vast majority of deaths occur among the elderly, they will be well represented in this study, thereby affording the opportunity to study alcohol-related conditions in late life. Based on a pilot test, the survey instrument was redrafted and administered to the entire study population in 1987.

(3) 1985 Health Interview Survey: Analysis of the alcohol questions in the 1985 Health Interview Survey has yielded broadly representative and very current data on alcohol use by the elderly. Although the prevalence of alcohol use by men and women 65 and over drops sharply from that of younger groups, the prevalence of heavier drinking (to or more drinks per day) is almost the same. Thirteen percent of all men 18 or over were heavier drinkers, while 11 percent of those 65 and over were in this category. Overall, 3 percent of all women 18 and over were heavier drinkers. The same was true for women 65 and above—3 percent were heavier drinkers.

ACTIVE EXTRAMURAL RESEARCH PROJECTS SUPPORTED BY NIAAA

In fiscal year 1987, NIAAA supported 16 grants for research on the effects of alcohol on the elderly, including a grant for the fifth year of a National Alcohol Research Center. The projects include a 20-year followup study focusing on the impact of alcohol use and abuse on the aging process, which is intended to provide estimates of alcohol-related morbidity and mortality in a population as it ages; a 5-year project to study the influence of life stress and coping skills on excessive drinking among adults; a study of the need for special treatment programs for elderly problem drinkers; and a study of the use of alcohol among the elderly. Six grants are concerned with alcohol effects on various aspects of brain function, one project will study the effects of alcohol on carbohydrate metabolism, and another on muscular-motor functioning. The development of tolerance to alcohol and drinking patterns over the life span are the foci of two other NIAAA-funded studies. Another grant focuses on the effects of alcohol on post-menopausal women.

NIAAA continues to stimulate additional grant-supported studies in areas which remain underdeveloped, such as alcohol-prescription drug interactions among the elderly and treatment efficacy studies on elderly alcoholic persons. Studies are needed to define late onset and early onset alcohol abuse. Age-appropriate screening, diagnostic, and survey tools are also needed.

I. National Alcohol Research Center on the Elderly

Principal Investigator: Kenneth F. Finger

Institution: University of Florida, Gainesville, FL

Title of Project: Effect of Alcohol Use/Abuse Among the Elderly. (P50 AA05793-05)

Project Period: 9/29/82-11/30/87

Fiscal Year 1987 Funds: $149,100

NIAAA currently supports the fifth and final year of committed support for a National Alcohol Research Center conducting research on the effects of alcohol among the elderly. The Center, located at the University of Florida, conducted eight separate research projects on a wide range of topics including social, psychological, and biomedical aspects of alcohol use/abuse among the elderly. The University of Florida has decided not to compete for renewal support beyond the initial 5-year grant period. Therefore, support was provided to analyze data already collected and to bring the research program to a successful conclusion.

NIAAA has solicited applications for a new Center to study alcohol problems among this special population group. In response to this announcement, six applications have been received to establish a new alcohol research Center with a special focus on older persons. These applications have undergone the dual review process and are pending final funding decisions.

II. Research Project Grant Programs on Alcohol Use Among the Aged

1. Principal Investigators: Douglas C. Coate, Michael Grossman.

Institution: National Bureau of Economic Research, New York, NY.

Title of Project: Alcohol Use and the Health of the Elderly (R01 AA06769).

Project Period: 3/1/86-2/29/88.

1987 Funds: $132,462.

Abstract: High blood pressure, heart disease, kidney disease, infections, and respiratory problems are common to the elderly. This study seeks the extent to which alcohol use is implicated in their etiology and progress. National Health and Nutrition Examination Survey (NHANES) data for the U.S. population over a wide age spectrum will be analyzed.

2. Principal Investigators: Rudolph H. Moos, John Finney.

Institution: Stanford University, Stanford, CA.

Title of Project: Problem Drinking and Life Stress Among Older Adults (R01 AA06699).

Project Period: 8/1/85-7/31/90.

Fiscal Year 1987 Funds: $250,951.

Abstract: Implications for prevention and treatment will be drawn from identifying stressful events that result in increased drinking for an elderly population. The interview and questionnaires used will also identify responses that successfully reduce the risk for developing or resuming alcohol abuse.

3. Principal Investigators: Harold A. Mulford, Jerry L. Fitzgerald.

Institution: University of Iowa, Iowa City, IA.

Title of Project: Testing The Need For Elderly Problem Drinker Programs (R01 AA06709).

Project Period: 6/1/86-5/31/89.

Fiscal Year 1987 Funds: $147,818.

Abstract: This study will determine whether elderly alcohol abuse is sufficiently different from abuse by younger persons to justify problem drinking programs specifically designed for the elderly. Younger and elderly problem drinking groups in existing programs will be compared on their clinical profiles, type of utilization of alcoholism treatment, and recovery rates.

4. Principal Investigators: Robin G. Room, Ronald Stall, Mark Temple.

Institution: Alcohol Research Group, Berkeley, CA.

Title of Project: Alcohol Use And Aging: A 20-Year Follow-Up Study (R01 AA06580).

Project Period: 2/1/85-1/31/87.

Fiscal Year 1987 Funds: $53,865.

Abstract; Reinterviews with about 1,700 San Francisco men who first were identified in the mid-1960's, will relate their earlier alcohol use and abuse to changes in these patterns, determine the prevalence of alcohol-related illness, and obtain data on alcohol-prescription drug interactions—all in an elderly population.

5. Principal Investigator: Adolf Pfefferbaum.

Institution: Stanford University, Stanford, CA.

Title of Project: CNS Deficits—Interaction of Age and Alcoholism (Human) (R01 AA05965).

Project Period: 7/1/83–6/30/91.

1987 Funds: $244,715.

Abstract: This is a continuation of a project that will use an age-regression model to determine if certain electrophysiological, cognitive, and brain structural variables in chronic alcoholics show evidence of central nervous system (CNS) deficits beyond age norms. The role of age, alcohol exposure, nutritional status, and family history of alcoholism in these deficits will be tested. The phenomenon of reversibility will be investigated and factors contributing to it evaluated.

6. Principal Investigator: Albert Y. Sun.

Institution: University of Missouri, Columbia, MO.

Title of Project: Alcohol-Membrane Interaction on the Brain: Aging Effects (R01 AA02054).

Project Period. 7/1/82–6/30/88.

1987 Funds: $160,782.

Abstract: the main objective of this study is to test the hypothesis that both alcohol and aging can cause deterioration of brain membrane, and that ethanol accelerates the brain aging process and alters neural membrane integrity, as evident from changes in membrane physical properties, lipid composition, transport enzymes, and neurotransmitter uptake and release systems. Experiments are designed to evaluate the effects of alcohol and aging on the structure and function of brain synaptic membranes.

7. Principal Investigator: Roberta J. Pentney.

Institution: State University of New York, Buffalo, NY.

Title of Project: Dendritic Parameters—Age and Ethanol Effects (R01 AA05592).

Project Period: 4/1/83—8/31/89.

1987 Funds: $103,789.

Abstract: The purpose of this research is to quantify the combined effects of normal aging processes and ethanol consumption, as they are expressed in metric parameters and spine densities of Purkinje cell dendritic networks in the central nervous network. Analysis of the growth and development of these neuronal network will be used to analyze Purkinje neurons in a biologic model.

8. Principal Investigator: Waneen W. Spirduso.

Institution: University of Texas, Austin, TX.

Title of Project: Ethanol, Aging and a Model of Reaction Time (Rats) (R01 AA06761).

Project Period: 8/1/85—7/31/88.

1987 Funds: $98,156.

Abstract: This project is designed to: (a) Determine the effects of acute and chronic exposure to alcohol on reaction time (reactive capacity); (b) characterize the development of tolerance to chronic alcohol exposure by experimentally dissociating peripheral metabolic tolerance from behavioral tolerance, and by determining the relative role of learning in behavioral tolerance; (c) ascertain the effects of withdrawal; and (d) analyze electromyographically the acute and chronic effects of alcohol on central and peripheral components of the reactive capacity response. This biologic model of reactive capacity has proven to be very useful in that it parallels human reaction time in both latency and acquisition characteristics. It is sensitive to aging, alcohol, and other drugs, providing an opportunity to study prolonged and controlled effects of alcohol which could not be accomplished with human subjects.

9. Principal Investigator: Carlton K. Erickson.

Institution: University of Texas, Austin, TX.

Title of Project: Ethanol and Aging—Cholinergic Relationship (Rats) (R01 AA06786).

Project Period: 6/1/86–5/31/90.

1987 Funds: $131,083.

Abstract: This research is designed to study the effects of alcohol and aging in a biologic model. Basic information will be obtained on brain sensitivity, tolerance, physical dependence, blood alcohol levels, and rate of alcohol clearance from the body. In addition, the research will examine changes in brain chemistry resulting from alcohol consumption and the aging process.

10. Principal Investigator: D. G. Patel.

Institution: University of Cincinnati, Cincinnati, OH.

Title of Project: Effects of Ethanol on Carbohydrate Metabolism in Aging (R01 AA06701).

Project Period: 2/3/87–8/31/89.

1987 Funds: $120,449.

Abstract: This research is designed to study the effects of chronic alcohol consumption on glucose homeostasis in a biologic model. Alcohol will be offered to experimental subjects; and glucose tolerance tests, insulin sensitivity tests, and both insulin and glucagon release from isolated endocrine tissues of these subjects will be studied. The specific aim of the research is to determine the manner in which chronic alcohol consumption influences the metabolism in aged subjects.

11. Principal Investigator: Marlene O. Berman.

Institution: Boston University, Boston, MA.

Title of Project: Affective and Cognitive Changes in Alcoholism (1R01 AA07112-01A1).

Project Period: 7/1/87—6/30/90.

1987 Funds: $175,235.

Abstract: The overall purpose of this research is to compare the behavioral effects of alcoholism and aging. It has been suggested that disturbances in emotional and motivational systems may cause some attention disorders and lack of emotional involvement in certain tasks.

These emotional and motivational disturbances may be linked with the same brain structures that have been implicated in the behavioral impairments seen in alcohol-related Korsakoff's syndrome (alcoholic memory disorder) and, to a lesser extent, in non-Korsakoff chronic alcoholism.

Evidence suggests that these neuropsychological symptoms may be caused by normal aging rather than a history of chronic alcoholism. If age-related brain changes are similar to alcohol-induced changes, behavioral parallels should be observed in alcoholics and older nonalcoholics. If the brain changes are different, dissimilar behavioral manifestations should be seen. It is hypothesized that findings will demonstrate evidence of emotional and motivational changes in alcoholics but not in nonalcoholic geriatric subjects.

12. Principal Investigator: James L. York.

Institution: Research Institute on Alcoholism, Buffalo, NY.

Title of Project: Aging and Musculo-Motor Consequences of Alcohol Abuse (1 R01 AA06867—01A2).

Project Period: 6/23/87—3/31/90.

1987 Funds: $134,044.

Abstract: Chronic myopathy, characterized by weakness and wasting of skeletal muscle, may be present in as many as 25 to 60 percent of patients in clinical alcoholism faciliites. Alcoholics also tend to have impaired muscular coordination, which may be at least partly due to alcohol's effects on areas of the brain involved in motor activities.

The purpose of this research is to study both muscular and psychomotor deficits resulting from chronic alcohol abuse, to ascertain their relative contributions to motor dysfunction in alcoholics, and to describe patterns of alcohol intake mostly likely to produce ill effects. Among other variables, age will be studied for its interaction with performance measures.

13. Principal Investigator: Judith Gavaler.

Institution: University of Pittsburgh, Pittsburgh, PA.

Title of Project: Alcohol Effects in Post-Memopausal Women (5 R01 AA06772-03).

Project Period: 9/27/85—8/31/89.

1987 Funds: $129,144.

Abstract: Alcohol consumption in men has been shown to increase the conversion of male sex hormones (androgens) to female sex hormones (estrogens), and also acts as an adrenal stimulant. Using both animal and human subjects, this study will examine the effects of moderate and excessive alcohol consumption on the sex hormones of post-menopausal women.

14. Principal Investigator: Henri Begleiter.

Institution: State University of New York, Downstate Medical College, Brooklyn, NY.

Title of Project: Brain Dysfunction and Alcoholism (5 R01 AA02686-11).

Project Period: 3/31/87—2/29/88.

1987 Funds: $202,032.

Abstract: Chronic alcohol abuse greatly increases an individual's risk of developing brain damage. Evidence indicates that 60 to 70 percent of sober alcoholics show some defect of brain function. The extract nature and pathway of development of this brain dysfunction is presently unknown. The goal of this project, using advanced electrophysiological techniques, is to develop a comprehensive profile of the central nervous system disorders that are related to alcohol abuse. Using the profile developed, the investigators also intend to examine the interaction of alcoholism and aging.

15. **Principal Investigator: Kaye M. Fillmore.**

Institution: Medical Research Institute of San Francisco, San Francisco, CA.

Title of Project: Situational and Contextural Factors in Drinking Practices (K02 AA00073-04).

Project Period: 4/1/84—3/30/89.

1987 Funds: $56,052.

Abstract: This study examines drinking patterns and trends over the lifespan. Changes in drinking patterns will be related to such milestones as marriage, parenthood, career commitment, and retirement.

NATIONAL INSTITUTE ON DRUG ABUSE

The National Institute on Drug Abuse (NIDA) has the following current activities relating to the elderly:

Richard Lazarus, at the University of California at Berkeley, has just completed a NIDA grant which focused on licit drug use among an elderly population. This research examined the use and misuse of drugs and alcohol and the relationship of drug use and misuse to stress and coping processes and psychological well-being and somatic health in a sample of 141 65-74 year old community-residing Caucasian adults. Subjects were assessed in monthly interviews and through homework that was completed 4 consecutive evenings each month.

There was little evidence of drug abuse in this sample. However, nearly half the sample *misused* drugs. Misuse was defined in terms of three functions: Drug utilization (dosage, indication, usage level); drug interactions across pharmacologic classes (including alcohol); and multiple drugs in the same pharmacologic class. More often than not, misuse did not involve psychoactive drugs, although users of psychoactive drugs were highly likely to misuse drugs. Misusers did not differ from non-misusers on antecedent psychosocial variables, which suggests that misusers differ from abusers, who typically have psychosocial deficits. Misusers also did not differ from non-misusers in the frequency of their life stresses or their coping process. However, misusers and non-misusers differed in their subjective experience of stressful encounters: Misusers experienced their hassles as more intense, and they experienced more threat emotions and more dissatisfactions with their coping than did non-misusers. Misuse was also negatively associated with long-term life satisfaction, psychological symptoms, and somatic health.

With respect to psychoactive drug use, users of psychoactive drugs held themselves in low esteem and were self-protective relative to non-users of psychoactive drugs, and they also valued power and success more than their non-drug-using peers. Given these psychosocial characteristics, users of psychoactive drugs are probably at relatively high risk for drug abuse.

NIDA is providing technical assistance to the National Institute of Mental Health (NIMH) Epidemiologic Catchment Area study for the analysis of their data to study drug abuse among the elderly and some of the psychological correlates of abuse.

Duke University is continuing to study drug effects in an elderly population under a NIDA grant. A recent progress report included a series of studies evaluating the performance effects of diazepam (valium), a commonly prescribed minor tranquilizer. The evaluations included psychomotor tasks being performed by the elderly subjects ranging in age from 59 to 76 years old. Most of the tasks in this study assess ability similar to those used in daily activities, such as in driving, especially during the first hour after drug ingestion.

NIDA continues to disseminate the following publications dealing with the elderly:

—*Elder-Ed—Using Your Medicines Wisely*—an education program for older Americans for the prevention of medication misuse.

—*Drug-Taking Among the Elderly*—reports on a study to explore the dangers of drug misuse among older persons.

—*Drugs and the Elderly Adult*—contains an extensive bibliography, abstracts of important articles, and summaries of content areas relating to drug abuse and the elderly.

NIDA's elderly-related activities now include the Elder-Ed film entitled "Wise Use of Drugs" A Program for Older Americans" which is available from NIDA's free loan collection. The film is a three-part, 2-hour drug use education program for the elderly and includes:

—drug problems, communicating with doctors;

—buying drugs wisely; and

—taking drugs carefully, focus on healthy aging.

A group leader's guide and copies of *Using Your Medicines Wisely* are included with the film.

NIDA staff participated in the Summit Meeting of Aging-Related Statistics which was co-sponsored by the National Institute on Aging and the Bureau of the Census. This meeting resulted in the formation of the Forum on Aging-Related Statistics. NIDA is participating in the Forum and will participate in one of the working committees.

NATIONAL INSTITUTE OF MENTAL HEALTH

The National Institute of Mental Health (NIMH) conducts a vigorous program of extramural research, research training, clinical training, and service demonstration grants related to a broad range of mental illnesses in older individuals. The Institute's intramural research program focuses on Alzheimer's disease and depression in the elderly.

The Mental Disorders of the Aging Research Branch, Division of Clinical Research, is the focal point for the support of aging programs at NIMH. The Mental Disorders of the Aging Research Branch stimulates and supports research; the training of researchers and clinicians; the development and dissemination of information to researchers, clinicians, and the public; and consultation with service planners and providers over the design and delivery of mental health services to the elderly. The goal of these programs is the integration and mutual reinforcement of research, education, and services consultation around particular themes and branch priorities such as the major mental disorders, health and behavior, and family stress and burden. As a national resource, the goals of program development activities continue to be:

—Leadership in anticipation and stimulation of significant research directions;

—The development of collaborative activities whereby the full power of Institute and PHS program perspectives could be brought to bear upon issues of mental health and aging; and

—The contribution of research and clinical insights to the policy processes around such diverse issues as: reimbursement, service development, and the design of policy relevant demonstrations.

A major thrust of the Branch program has been collaboration with the pharmaceutical industry, corporations, foundations, and other private sector programs in the development and support of research and the dissemination of materials and information. This type of program orientation is built upon aggressive outreach and stimulation of particular types of research by the Branch staff and strong promotion, guidance, and consultation over particular directions of research. Staff involvement has resulted in a comprehensive and well-articulated research program which would be unattainable through more reactive channels relying strictly upon investigator-initiated applications to determine the direction for the program.

In fiscal year 1987 the core program budget of the Branch was increased to $11,909,701 for research grants and contracts; $233,538 for postdoctoral research training grants; and $1,746,661 for clinical training grants. This represents an increase of 16 percent in the research program of the Branch. Accompanying this growth was stabilization of the program to support the Clinical Research Centers on Psychopathology of the Elderly and a reaffirmation of the mental disorders of the aging as a major priority focus of the Institute.

In the coordination of all support mechanisms the Branch provides special situations where research, research training, clinical training, and the clinical practice that accompanies such training are mutually supportive and interact to produce important advances in the field. The close ties between research, education, and practice in aging and mental health have enriched the field and provided significant impetus for program development.

MENTAL DISORDERS OF THE AGING RESEARCH BRANCH

Core Program Budget FY 1987 (total costs)

Research Program:	
Research Grants	$9,016,342
Small Grants	79,130
Career Development	517,604
Clinical Research Centers	2,296,625
Research Training	233,538
Clinical Training	1,746,661

This report provides information on program developments in the area of research, research training, and clinical/services training, and also provides information on developments in mental health service to the elderly.

PROGRAM ACTIVITIES

In the past year, a substantial advance has been made in the development of aging reseach in mental health. Significant progress continues to be made in the area of Alzheimer's disease. The Department-wide Panel, chaired by the Assistant Secretary for Health and staffed by NIMH, continued its investigation of the field. An Advisory Council of experts from the field has been named; NIMH will staff this effort. This increased attention to Alzheimer's disease has involved NIMH in a variety of efforts, both within the Branch program and that of other branches of the Institute, and also in collaborative efforts with the National Institute on Aging (NIA) in the development of a Request for Applications for Alzheimer's Disease Research Centers. This initiative has resulted in the funding by NIA of 10 Alzheimer's Disease Research Centers in the past 3 years.

The foundation or infrastructure of the broad area of mental health and aging has been advanced through a number of efforts. In research training, postdoctoral training programs were expanded to increase the number of new investigators in the field. Career development awards were made to 11 new investigtors in the field. In addition, in fiscal year 1987, two new Clinical Research Centers on Psychopathology of the Elderly were established.

The orientation of the Branch research program is broad and is concerned with research in three general areas of concern:

—Older individuals, and their families, who grow old and develop major mental disorders, with special attention given to Alzheimer's disease and other dementias, late-onset depressive disorder, and late-onset psychotic disorders including paraphrenia and schizophrenia;

—Older individuals and their families, who develop major mental disorders in childhood or adulthood and who have grown old, particularly long-term chronic phychiatric patients and the mentally retarded/developmentally disabled; and

—Older individuals, and their families, with a combination of medical and psychiatric illness, where this interplay affects the course and outcome of both classes of disorders.

The perspective of the studies supported by the Branch covers the broad spectrum of clinical and treatment issues such as studies of etiology, diagnosis, clinical course, treatment and management; services issues such as studies of systems, organizations, evaluation, family stress and burden of care; prevention and behavioral issues such as stress/coping/social support and risk factor assessment.

The Branch does not support studies of the normal developmental process of aging or the maintenance of health and effective functioning among those older persons not thought to be at risk of major mental disorders.

From time to time, specially targeted announcements are issued by the Branch. These are meant to stimulate research in particular areas and are usually preceded by an intensive planning and field consultation process involving workshops, conferences and the commissioned papers collected into a published monograph. At present, the Branch has three special announcements in force:

—research on mental illness in nursing homes

—research on family stress and the care of Alzheimer's disease victims

—research on the interaction of mental disorder and physical illness in late life

PROGRAM GUIDELINES

The research program of the Mental Disorders of the Aging Research Branch is divided into four general areas of support: Clinical research, treatment assessment studies, services research, and prevention and behavioral studies. The Branch supports those studies which have a primary focus on the mental health and illness implications of the aging process and of old age. A wide-ranging multidisciplinary set of theoretical, applied, and policy studies is funded. Almost all of the Institute's research support programs are involved in the NIMH/ADAMHA-wide, coordinated effort. In this way, NIMH has not only mounted a targeted effort to address issues in aging through its Aging Branch, but has also brought the strengths of all its generic programs to bear on mental health and aging programs. In addition, the Branch is active in stimulating collaborative efforts between different Federal programs and agencies. Diverse strengths and resources are brought together through the program coordination plan developed by the Branch. The Branch research program emphasizes the following subjects:

- —Causes, treatment and prevention of Alzheimer's disease, senile dementia and related disorders, with special attention to differential diagnosis, test of memory-enhancing agents, and issues of co-existing illness and excess disability;
- —Causes, treatment, and prevention of depression in older persons (including investigations of the relationship of depression to dementing disorders, suicide, alcoholism, medical disease, and other behavioral disorders);
- —Causes, treatment, and prevention of behavioral disturbance and dysfunction, with special reference to agitation, assaultive/aggressive behavior, confusion, disorientation and other behavioral problems;
- —Development and refinement of pharmacologic and psychosocial treatments with special attention to efficacy, safety, side-effects, mechanisms of action, and drug/drug interaction;
- —Behavioral medicine and the interface of physical illness and mental disorders in later life;
- —Chronically mentally ill elderly with special attention to treatment and management of schizophrenia and to psychosocial and behavioral approaches to quality of life;
- —The design and refinement of methods for treatment intervention, clinical trials, and service delivery models for the elderly;
- —Mental illness in nursing homes;
- —Effects of families, support systems and self-help groups on the care of the older persons with significant mental disorders;
- —Family stress and the care of Alzheimer's disease victims;
- —Prevention of pathology among elderly at risk for mental illness;
- —Geriatric mental health academic awards for the support of clinician investigators in geriatric psychiatry and psychiatric nursing; and
- —Clinical research centers in psychopathology of the elderly.

Extramural activities include the stimulation and support of research in diverse areas, from differential diagnosis through the application of advances in PET and MRI scan technology to the role of the family in sustaining community-dwelling patients with Alzheimer's disease; in consultation with service planners and providers over the design and delivery of mental health services; in collaboration with the pharmaceutical industry, other corporations, foundations, and private sector programs in the development and support of research and the dissemination of materials and information; and in collaboration with other Federal programs where strong, well-established technologies and specialized expertise already exist. These activities have been developed in the face of substantial need in the field of mental health and aging. The following issues and problems, for example, are being addressed:

> Five percent of the Nation's aged live in institutions. Of these, about 12 percent are in mental hospitals, with the remainder in nursing and other types of homes for the aged and the chronically ill.
>
> The elderly comprise 5.5 percent of admissions to State and county mental hospitals and 27 percent of the resident patients.
>
> Approximately 80 percent of those aged 65 or older who live in nursing and personal care homes have some degree of mental impairment. The national expenditure for nursing home care is estimated to exceed $20 billion annually.
>
> Only 3.8 percent of the outpatient psychiatric service admissions are aged 65 and over.
>
> An estimated 10 to 25 percent of the aged in the community have some degree of mental impairment.
>
> The death rate for suicide increases by age with those over 55 accounting for 32 percent of the completed suicides.
>
> Approximately 44 percent of all males aged 55 and over admitted to inpatient services of State and county mental hospitals had a primary diagnosis of alcohol disorders.

CLINICAL RESEARCH CENTERS ON PSYCHOPATHOLOGY OF THE ELDERLY (CRC/PE)

The CRC/PE Program is intended to provide stable, sustained support to a limited number of centers, each comprised of a core group of investigators who have access to elderly clinical populations, for the development of integrated sets of innovative, multidisciplinary, and indepth clinical research studies of the mental disorders in later life. It is anticipated that such centers will provide a milieu which encourages creative thinking about promising hypotheses; a resource for the development of new clinical researchers; and an environment of excellence which will assure the highest quality research and leadership in their chosen areas of investigation. Centers are expected to have a specific theme or problem focus. A CRC/PE will be situated in clinical treatment settings with demonstrable interest in the study of mental health and aging. Centers are expected to have a treatment milieu in which behavioral and biological scientists *and* clinicians can interact and study problems of etiology, classification, assessment, mechanisms, course, and psychotherapeutic and/or somatic treatment of particular mental disorders common in later life. A specific announcement is available for this program.

In fiscal year 1987, five new and continuing awards in this program were made: centers at Stanford University, the University of Rochester, and Case Western Reserve University will focus on neuropsychiatry and issues of diagnosis, clinical course, and excess disability in Alzheimer's disease; the center at Duke University will focus on several aspects of depression; and the center at Philadelphia Geriatric Center will focus on issues of psyhopathology in the nursing home setting.

INTRAMURAL RESEARCH

The objectives for research in the Institute's Unit on Geriatric Psychopharmacology are to create and test new hypotheses relating to the biological, psychological, cognitive and affective changes that occur through the aging process. Further, its objective is to perform research that illuminates the differences between normal aging and pathologic conditions such as dementia or depression, synthesizing work from individual disciplines as well as interdisciplinary efforts. For instance, since no one marker of Alzheimer's disease has been proven to be the gold standard for either diagnosis or disease progression, it is the goal of the Unit on Geriatric Psychopharmacology to develop as many objective measures of severity as possible so that when more effective drug treatments are available, the progress can be accurately evaluated. A summary of intramural research efforts in Alzheimer's disease is presented on pages 10 and 11 of this report. Several joint intramural/extramural activities have also been undertaken, most notably a research workshop on coexisting dementia and depression; the papers from this workshop will be published in 1988.

RELATIONSHIPS WITH THE NATIONAL INSTITUTE ON AGING

The mandate given to the NIMH by the Congress is to conduct a program of research, training, and services for the prevention and treatment of mental illness and for the maintenance and improvement of the mental health of the Nation. Since persons 65 years of age and older now constitute approximately 11 percent of the population and display the highest incidence of new cases of psychopathology, a signficant portion of the NIMH effort should be directed toward the mental health problems and needs of this age group. The basic focus of NIMH efforts must be on mental health. When applied to this age group, the essential considerations are the manner in which aging affects mental health and the influence of mental health upon aging.

In this context NIA's interest starts with the aging process itself, whereas NIMH's approach begins from the perspective of the mental health and illness of older people. From another vantage point, while NIA looks at biomedical, social, and behavioral aspects of aging with regard to development, NIMH studies adaptive and aberrant psychosocial functioning of the elderly with attention to etiology, prevention, treatment, and service delivery as they relate to mental disorders in later life. The two Institutes also differ in a fundamental structural sense. NIA's focus is targeted specifically toward research and research training, while NIMH's Aging Branch program encompasses services and clinical training in addition to research and research training efforts. In summary, NIMH has more of a disorders focus while NIA's starting point is normal aging. Within the area of clinical disorders, NIMH of course focuses on mental disorders. In addition, NIMH also supports clinical training, while NIA does not.

Since 1974, staff of the NIMH Aging Branch have served on the Interagency Committee on Research in Aging. This committee, chaired by the Director of NIA, and in conjunction with the National Advisory Council on Aging, helped define the research goals of the NIA and now meets regularly for purposes of coordination and consultation.

Finally, a considerable array of formal and informal relationships exists between the NIMH Aging Branch and the National Institute on Aging. Research applications of interest to both organizations are dually assigned. On occasion, projects with dual assignments, approved by the primary Institute but for which sufficient funds are not available, have been transferred to the secondary Institute for funding consideration.

THE COUNCIL ON ALZHEIMER'S DISEASE

In November 1986 Public Law 99-660 established the DHHS Council on Alzheimer's Disease to continue and expand the work of the previously established DHHS Task Force on Alzheimer's Disease. The Council is chaired by the Assistant Secretary for Health, and membership includes the Assistant Secretary for Planning and Evaluation, the Surgeon General, the Directors of NIMH, NIA, NINCDS, NIAID, NCHSR/HCTA, the Commissioner on Aging, and representatives of the Veterans Administration and the Health Care Financing Administration. Staff support is provided by NIMH. The Council coordinates research on Alzheimer's disease, shares information, identifies promising research directions, and provides a vehicle for translating the research into policy and program. The first report of the Council contains the respective research plans of NIMH, NIA, NCHSR/HCTA, and HCFA to address the newly authorized services research on Alzheimer's disease that is also delineated in Public Law 99-660.

THE PANEL ON ALZHEIMER'S DISEASE

In addition to the DHHS Council on Alzheimer's Disease, Public Law 99-660 also establishes the DHHS Panel on Alzheimer's Disease. While the Council is comprised of Federal members, the Panel's members are non-Federal, with the work of the Panel authorized to begin in fiscal year 1988. There are 15 official members of the Panel, and they were appointed by the Director of OTA. The Secretary of DHHS then appointed the chair from among these members. The members include three biomedical researchers, three service researchers, three service providers, three experts in financing, and three representatives of national voluntary organizations. Staff support is provided by NIMH. The Panel is preparing to meet to identify priorities and emerging issues with respect to Alzheimer's disease around promising areas of biomedical and services research, home and community-based services, systems of care for both patients and their families, as well as innovative financing mechanisms (particularly from the private sector) for the payment of health care and social services for affected individuals and their families.

RESEARCH HIGHLIGHTS

A Protein Specific to Alzheimer's Disease

In an important recent development, the discovery of a new protein (ALZ-50) and antigen (ALZ-68), whose occurrence is highly specific for Alzheimer's disease, promises a greater understanding of the disease. The pathbreaking work of Peter Davies (2R01 MH38623-08 Peter Davies, Ph.D., Albert Einstein College of Medicine) has demonstrated the presence of the newly characterized antigen ALZ-68 in the cerebrospinal fluid of Alzheimer's victims, but not in the CSF of age-matched controls. Davies has made the ALZ-50 antibody widely available to members of the research community and his findings with ALZ-50 have been repeatedly replicated. Because the protein appears at a very early stage of the disease process, prior to the development of pathognomonic lesions, there is hope that an assay might soon be developed, capable of providing early and accurate diagnosis of the disease (which at present, can only be definitely identified with post-mortem samples of neural tissue).

Stress and Burden Family Care of the Elderly

Stress associated with family-based care of the elderly has significant social, emotional, and health consequences. Research on the primary caregiver, who is generally a spouse or daughter, has documented an array of psychological and emotional burdens. Approximately 54 percent of Alzheimer's disease caregivers suffer from a depressive disorder. In addition, caregivers have increased rates of depressive symptomatology, anxiety, anger, and other stress-related morbidity (Gallagher, J. Yesavage, Stanford University MH40041 "Clinical Research Center on Alzheimer's Disease").

Further, there is preliminary evidence that the stress of caregiving is associated with impaired immune functioning and may have long term health consequences. Research focusing on the chronic impact of caregiving on immune functioning and psychological distress is being conducted. One immediate application of this research, however, is that immune functioning can be used as a biological marker to corroborate self-report health measures (Kiecolt-Glaser, Ohio State University, MH42096-01 "Caregivers of Alzheimer's Disease Victims: Stress and Mental Health").

While most studies on caregiving have focused on primary caregivers, there is now evidence that the family system as a whole is at risk for negative consequences. This is particularly the case when the primary caregiver is a married daughter with children still at home (E. Brody, Philadelphia Geriatric Center, MH35252-06, "Parent Care, Sibling Relationships, and Mental Health").

This research implies that treatment of an older person necessarily includes involvement with the family. Families are not only active participants in care but, by and large, willing and proactive partners. In addition, families themselves need support, and they can often benefit from mental health interventions directed toward them. Many such interventions—both therapeutic and preventive—and being used with families caring for the older disabled person. Self-help and mutual support groups are growing in popularity and effectiveness.

Depression in the Elderly

Depressive illness is now widely recognized as a major cause of morbidity and mortality in old age. Although it represents a significant public health concern by virtue of its high cost in human suffering, disability, and potential for suicide, until recently, systematic information and specific criteria for optimal treatment have been unavailable.

Recent findings by Anastase Georgotas (5R01 MH35196-06 A. Georgotas, New York University, "MAOI vs TCA in Geriatric Depression") in trials of pharmacotherapeutic agents revealed that monoamine oxidase inhibitors and tricyclic antidepressants were of equal benefit to elderly with major affective disorder, regardless of the endogenous weighing of their symptoms. These studies revealed that higher baseline platelet MAO predicted a significantly better response to both medications, and that treatment response rates were significantly enhanced when length of treatment was entended from 7 to 9 weeks.

In focusing more specifically on elderly with endogenous symptom pictures, Blazer (5P50 MH40150-03 D. Blazer, Duke, "Clinical Research Center") found that while tricyclic antidepressants were less effective in elderly than in younger age groups, trials of electroconvulsive shock treatment were equally effective in elderly as in young depressives, and that side effects were equivalent in both groups. In the first carefully planned prospective comparison study of age groups, Blazer followed up over 100 patients, aged 35 to 50, and 60 and over, with major clinical depression. While he could document no difference in rates of recurrence or remission between the two age groups, elderly who recovered were seen to manifest significantly greater numbers of residual depressive symptoms. Moreover, those elderly individuals diagnosed with depression also exhibited more character pathology than their middle-aged counterparts.

Findings from psychosocial treatment research have also echoed this trend. In a series of psychotherapy studies conducted by Larry Thompson (5R01 MH37196-05, L. Thompson, Palo Alto VAMC, "Psychotherapy for Depression in the Elderly"), psychodynamic and cognitive behavioral treatments were shown to be both safe and effective in the treatment of major affective disorder in late life. The majority of patients treated showed substantial improvement immediately following 3 months of therapy and such improvement was sustained over a 1-year follow-up period. In keeping with findings by Blazer, however, 1 of 4 patients were found to be clear treatment failures. This group was comprised largely of patients with premorbid character disorder, endogenous symptoms and intractable medical illness. Research is presently underway, using a combination of medication and psychotherapy, in an effort to develop effective treatment models for elderly non-responders and for those who relapse soon after treatment is terminated.

The work of George Silberschatz and John Curtis (5R01 MH35230-05, G. Silberschatz, Mt. Zion Hospital, San Francisco, "Process and Outcome of Psychotherapy with Older Adults") indicates that treatment results for elderly with psychodynamic psychotherapy compare favorably with outcome studies involving younger patients, and with those evaluating the efficacy of antidepressant medication. The investigators found that an essential ingredient in determining outcome in therapy with elders is the degree to which the therapist responds accurately and appropriately to the conscious and unconscious implications of the patients' conflicts and disguised messages. Elderly depressed patients, including some with significant character pathology, were found to respond, at least as well as young adults with affective disorder, to psychoanalytically oriented psychotherapy.

New Approaches to the Treatment of Alzheimer's Disease

The follow-up to the highly publicized study in which an implantable pump and catheter directly into the brains of Alzheimer's patients is now near completion (5 R01 MH40505-02, Robert Harbaugh, M.D., Dartmouth Medical School, "Muscarinic Agonist Treatment of Alzheimer's Disease"). This has been a double-blind study on intracranial cholinergic drug infusion in 10 patients with biopsy-documented Alzheimer's disease. An additional two patients, one of whom had a non-diagnostic biopsy, and one of whom had a biopsy consistent with Pick's disease were also involved in the study. Statistical analysis of the neuropsychological test scores obtained during the double-blind phase of this study demonstated a statistically significant improvement in Mini-Mental Status examination test scores. Other neuropsychological test measures were not similarly affected. Preliminary analysis of a larger group of patients accrued through an industry-sponsored multicenter study suggests a similar outcome for the whole group. Further data analysis is now under way for this larger group. Although the statistically significant improvement in Mini-Mental Status test scores does suggest a positive cognitive effect, it is apparent that the magnitude is insufficient to continue the approoach with presently available drugs. This conclusion has significant implication for clinical practice in this area.

While memory impairments are usually considered the cardinal features of Alzheimer's disease, families of Alzheimer victims often complain most vociferously about the agitation, wandering, sleeplessness, and other psychiatric symptoms that can accompany the illness. Acute and chronic signs of depression are also often present in Alzheimer patients, but the symptoms are difficult to elicit, and the patients do not always conform to the customary profile of depression in the adult population. Thus, potentially reversible manifestations of Alzheimer's disease are frequently underdiagnosed. The NIMH Intramural Alzheimer's program is currently studying the behavioral phenomenology associated with dementia and developing a series of new research instruments to better characterize and measure these psychiatric symptoms.

Earlier studies from the Intramural Alzheimer's program have shown that there may be biological links between geriatric depression and Alzheimer's disease in addition to the behavioral comparisons just described. Similarities in response to neuroendocrine challenges such as the dexamethasone suppression and thyrotropin stimulation tests as well as parallel reductions in cerebrospinal somatostatin in the depressed and dementia populations have led us to speculate about the possible response of Alzheimer's patients to antidepressant medications. Findings from a preliminary study of 1-deprenyl, one of the monoamine oxidase inhibitors traditionally used as an antidepressant, have revealed encouraging behavioral results, so the intramural group has embarked on a long-term study of this agent in Alzheimer's disease. While the connection between depression and dementia should not be exaggerated, the possible uncovering of any reversible, treatable aspect of Alzheimer's disease must be pursued aggressively, as the other current therapeutic options are still quite bleak.

From a more theoretical point of view, the NIMH Intramural Alzheimer's program is continuing to assess the functional status of brain neurotransmitter systems in dementia by means of a series of pharmacologic challenge tests. In the last 2 years, we have developed evidence that may help in the earlier diagnosis of Alzheimer's disease by showing that dementia patients appear more sensitive to anticholinergic drugs than age-matched subjects without dementia. We are now proceeding to test this sensitivity that Alzheimer's patients show with the potentially therapeutic cholinergic agents, arecoline and nicotine.

In addition to these cholinergic challenges and the long-term study of 1-deprenyl in Alzheimer's disease, we are also testing other new pharmacologic agents including specific serotonergic and peptidergic drugs. With out multiple drug pharmacologic challenge approach, we are constantly searching to better understand the mechanism of Alzheimer's disease. It is our persistent goal to enlarge the knowledge base about this vexing illness while helping develop the foundation for future successful drug treatment strategies.

RESEARCH DIRECTIONS FOR FISCAL YEARS 1988 AND 1989

Alzheimer's Disease Treatment and Services Research

To date, the bulk of the research on Alzheimer's disease has been focused on biomedical approaches designed to discover the cause of the disorder. Very little study has been directed toward improving the situation confronted by the more than 2 million older persons currently affected with the disease and their families. At present, the treatment and services research knowledge base is limited and reflects fragmented efforts not always representative of the state of the science. Many studies in the literature are atheoretical and noncumulative. A fundamental concern is that the lack of clearly defined research validated treatment approaches could lead to a situation where consumers of services unknowingly place themselves or their family member in a treatment setting which, at best, does not meet their needs or live up to their expectations, and at worst is potentially harmful. We expect that the modification of the announcement MH-86-07 Research on Family Stress and the Care of Alzheimer's Disease Victims to emphasize treatment and services research, the publication of the volume "Alzheimer's Disease and Family Stress: Directions for Research," and the holding of workshops will stimulate grants in this area for fiscal year 1988 awards under the provisions of Public Law 99-660.

Chronically Mentally Ill Elderly

In addition to the development of late mental disorders such as late onset schizophrenia or depression, there are growing numbers of individuals with lifelong chronic mental illnesses who are surviving into old age. Although the chronically mentally ill elderly is comprised of many subpopulations, there are a number of common findings emerging about these individuals. For example, the chronically mentally ill elderly have a poor prognosis and are at great risk for institutional placement, are likely to have co-existing mental and physical disorders which are frequently un- or misdiagnosed, are at high risk for medication side effects, and experience high rates of mortality. Little systematic research has been focused on this population. We anticipate that the commissioning of a series of papers and a research workshop in the late fall of 1987 will lead to the stimulation of research grants in this area. It is anticipated that research efforts will focus on the following broad areas: (1) Research on the nature of the population; (2) treatment research; (3) services research issues; (4) interface of medical/physical and mental health problems; and (5) research on family caregivers to the chronically mentally ill elderly. We expect that a few awards in this area will be made in fiscal year 1988 and beyond.

Suicide

In addition to affective disorder, suicide in old age has been a significant problem in the United States for as many years as mortality records have been maintained. Although epidemiological data unequivocally demonstrates that it is elderly caucasian males who are at highest risk for killing themselves, minimal empirical attention has been focused on the causes, correlates and predictors of suicidal risk in this vulnerable demographic group. Research studies which undertake to determine which constellation of variables might significantly account for these gender and race linked disparities—whether in the form of demographic surveys; record-linkage studies; clinical investigations of mentally and/or physically ill aged; neurochemical studies of tissue samples from suicide completers; psychological autopsies of consecutive series of elderly male suicide; etc.—work in this area is strongly encouraged.

Completed suicide, suicide attempts, suicidal ideation, and indirect suicide have all been identified as significant problems among the elderly. The relationship of suicide to depression, alcohol abuse, bereavement, medical disability, social isolation, personality styler, and life stress are all especially relevant in studies of suicidality in this high risk group.

MDARB staff continue to stimulate research proposals in this area and have collaborated in preparation of the Division of Clinical Research Request For Applications on Suicide. Funding in late fiscal year 1988 an 1989 is anticipated.

Interaction of Mental Disorder and Physical Illness in Late Life

A collaborative RFA was issued jointly by NIMH and NIA focusing on the stimulation of research which will enhance knowledge and improve research methodology regarding the interaction of physical illness with mental disorder in late life. Such studies will aim to determine which psychological predispositions and social contexts put certain elderly persons at greatest risk for developing specific physical illness in late life; to clarify the manner in which the onset and/or course of specific mental disorder in old age stimulates or exacerbates the development of comorbid psychiatric illness; to assist the clinician with a better understanding of the symptoms, psychodynamics, and disorders of later life concomitant with the formulation of useful treatment and preventive approaches; to characterize those internal dynamics and external resources which assist older persons who do cope well with chronic physical disorders to adapt and to maintain a subjective sense of ongoing physical and mental health; and to foster prospects for continued mental and physical health, self-care behaviors, enhanced adherence to medical regimens, and less inappropriate use of primary health care services. The interface of mental and physical disorders and their impact on overall health and quality of life represent practical public health issues of major clinical significance. The systematic study of such issues can be expected to shed considerable light on questions of etiology, diagnosis, assessment, course, treatment, and outcome. Funding in fiscal year 1988 is anticipated.

Treatment of Refractory Depression in Elderly Patients

While studies of depression are increasingly showing that treatments, both somatic and nonsomatic, are effective in many older persons, it is also the case that approximately one-third of the elderly with depressive illness do not respond to any treatment. This significant non-response will emerge as an important programmatic issue, and one which may well cause serious reconsideration of many of the basic mechanisms in depression in general and in late-onset depressive illness in particular. A workshop on this issue, cosponsored by the Affective and Anxiety Disorders Branch, is planned for spring 1988. Applications generated from the workshop are expected for late fiscal year 1989 or 1990 funding.

Gene Bank

MDARB staff have collaborated with NIMH staff in preparation of a technical proposal for the establishment of a gene bank for molecular genetic studies of Familial Alzheimer's Disease (FAD) which would ensure rigorous uniformity of clinical ascertainment, continuing assessment and all storage of materials from rare, but highly informative, pedigrees for interested investigators.

Recent spectacular findings using the strategy of genetic linkage analyses with DNA (not NIMH-supported) markers has been applied to four large kindreds with histologically proven FAD; the studies provide strong evidence that the FAD gene maps to chromosome 21. In addition, other studies have indicated that the gene coding for B amyloid protein, which pathognomonically and characteristically accumulates in neuronal tissue of both Alzheimer's and Downs syndrome brains, also maps to chromosome 21.

It is not possible as yet to identify which brain abnormalities in Alzheimer's disease represent its underlying cause and which are the effects of the disease process. These quite recent breakthroughs indicate that one or more genes linked to FAD are located on the same region of chromosome 21; and that one of the genes in this region codes for the B amyloid protein that forms the cores of the neuritic plaques found in FAD, Senile Dementia of the Alzheimer's Type, and in mature Downs Syndrome brains. No conclusive evidence as yet identifies a cause for Alzheimer's disease, although an abnormality in the gene coding for amyloid B protein or in the processing of its precursor protein appears to be a reasonable candidate for further investigation.

Linkage studies are presently hampered by the small size and scarcity of available FAD pedigrees. Prospects for the rapid identification of the gene(s) causing FAD and its ultimate cloning and characterization would receive a tremendous boost if additional large FAD kindreds could be found. The establishment of all lines from large pedigrees, and their maintenance over time, as further information family members are newly identified will represent an activity of signal scientific importance.

CLINICAL TRAINING HIGHLIGHTS

In geriatric mental health, the number of well-trained specialists is so small in relation to the size of the problem that NIMH training support is focused on the development of a cadre of teacher/clinicians who will influence the training of professionals in the core mental health disciplines. This is necessary because most older persons have their mental health problems treated by professionals who are not specialists in geriatrics.

The Institute's program in mental health personnel development and training has focused on training efforts designed to improve mental health and related services to the aging within both the established mental health service delivery system (e.g., State mental health hospitals, community mental health centers, etc.) and the mental health-related support systems (e.g., senior centers, long-term care facilities, etc.). In fiscal year 1987 NIMH awarded 34 continuing grants in these areas, providing basic professional, graduate, postgraduate or continuing education for (1) the faculty development award, which is designed to prepare teachers of geriatric mental health in clinical training centers where no local resource faculty currently exist; (2) postgraduate specialty training to increase the pool of potential faculty members; and (3) geriatric training models for incorporation into the curriculum of general disciplinary training programs.

ELDERLY MENTALLY ILL DEMONSTRATION GRANTS

Beginning in fiscal year 1976, in accordance with the new legislative authority of Section 504 of the Alcohol, Drug Abuse, and Mental Health Services Block Grant Reauthorization, the Community Support Program of NIMH's Division of Education and Service Systems Liaison began to emphasize community services demonstration projects. Seven 3-year projects were funded to focus on local service approaches for the elderly mentally ill population.

Seven awards totaling $1,004,441 were made to State mental health authorities in fiscal year 1986. They were as follows: Colorado—$146,203; Florida—$163,000; Iowa—$128,000; Minnesota—$138,898; New York—$119,114; Washington—$128,000; and Wisconsin—$181,226.

In fiscal year 1987, an additional nine awards were made that totaled $1,025,443. These States included: Georgia—$102,006; Louisiana—$124,458; Maine—$109,000; Maryland—$111,920; North Carolina—$126,802; New Hampshire—$135,634; New Mexico—$100,000; Ohio—$98,119; and Virginia—$117,504.

The total grant awards for fiscal years 1986 and 1987 was $2,029,884.

Summaries of Demonstration Grants

Colorado

The State Division of Mental Health is developing a cooperative effort between its agency which will provide monitoring and supervision for the program and a variety of community organizations, institutions and agencies which service and/or have an interest in mental health care for elderly mentally ill people. Their target will be elderly person who reside in downtown Denver in single room occupancy hotels, boarding homes, and marginal housing in and around the area of Capitol Hill.

Florida

The State Department of Health and Rehabilitative Services has contracted with the Gulf Coast Jewish Family Services (GCJFS) to provide a model continuum of mental health care for elderly mentally ill persons. This will include residential care, day treatment, case management, and counseling services. There will be a year round training program offered for paraprofessional and professional staff members of GCJFS.

Georgia

The State Department of Human Resources has contracted with the Atlanta Area Alzheimer's Disease and Related Disorder Association to provide the services of Respite Care Workers to persons with Alzheimer's disease and other degenerative dementia. A registry of case workers has been established and is used for referrals to families who request their services. A case manager overlooks the whole process and seeks to match the appropriate case worker with the suitable family.

Iowa

Under a contract with the State Department of Human Services, the Community Mental Health Center of Linn County is providing outreach services for elderly mentally ill persons living in a rural area. They are seeking to identify individuals in need of services, cost effectiveness of programs and how well existing mental health services are alleviating the symptomatology and functioning of elderly mentally ill people.

Louisiana

Black elderly mentally ill men and women are the focus of this mental health crisis project which is seeking to demonstrate effective approaches for coordinating and providing appropriate services for this target group. Their objectives include reducing institutionalizing of black elderly mentally ill persons in the Orleans Parish while increasing the fundamental skills of family members who function as caregivers for this population.

Maine

The State Bureau of Mental Health and Area Agency on Aging (AAA) are collaborating their efforts to provide flexible purchasing of mental health services, a system of comprehensive care, and optimum services for elderly mentally ill persons. Case management and technical assistance services will be available to mental health agencies who want this service from the AAA. An evaluation of the program is planned.

Maryland

Three agencies, the State Office on Aging, the Baltimore City Commission on Aging, and the Baltimore City Health Department are working in cooperation with the Department of Health and Mental Hygiene to develop a model delivery system which will serve the elderly mentally ill who reside in city housing. The program provides pyschiatric assessment, mental health treatment, case management, and a variety of other services to this target population. If this demonstration is acceptable, it will be replicated for other housing sites.

Minnesota

The State Department of Human Services has contracted with the Range Mental Health Center located in northwestern Minnesota to provide a network of care that includes mental health, aging, nursing, public health, medical services, and social services for elderly mentally ill persons who reside in this rural area. In-service training will be offered to agency personnel who are most likely to come in contact with the target group. An evaluation of the program is planned.

New Hampshire

The State Division of Mental Health and Developmental Services and the Dartmouth Medical School are working in collaboration to provide services for a high risk elderly population with behavioral difficulties, severe, disabling mental illnesses and Alzheimer's disease. Services will focus on three components of a model program: individual assessment and treatment planning, case management, and supported referral.

New Mexico

Three pilot programs—two that are funded by this demonstration grant and the other by the State—are seeking to develop mental health delivery system changes that will provide better services for elderly mentally ill Native Americans and Hispanics in Santa Fe and Sardoval Counties. Community education, community-based Advisory Boards, outreach services and primary medical care will form the core of their programs.

New York

The New York State Research Foundation has contracted with the Project Rescue to provide an elderly at-risk population with services that include nutritional, health care, work programs, housing, and entitlement needs. Their staff provides strong social services and a rigorous outreach program on the streets and flophouses of the Lower East Side of Manhattan. The target population are those elderly mentally ill who are also homeless.

North Carolina

The State Department of Human Resources has contracted with the Alamance and Caswell Counties to provide a nontraditional mental health delivery system for the elderly mentally ill that stresses working closely with residential programs, outreach services and community support services. It seeks to establish and strengthen relationships among community service providers, senior citizens' organizations and rural community support systems that work with elderly mentally ill people.

Ohio

The Chums and Choices Program is reaching out to the severely disabled, mentally ill older adult who is living in the community to provide them with a support network which will improve the person's quality of life and decrease the need for institutional living. The program channels voluntary, person-to-person assistance and advocacy on an as needed basis. Mental health consumers are working side by side with professionals as advisor, helper, and friend.

Virginia

Working in downtown Richmond primarily in public housing units, "Project Reach" is working with professionals, paraprofessionals, and volunteers that represent Area Agencies on Aging, local churches, the Salvation Army, and the YWCA to develop a network of services for elderly mentally ill persons. After identifying their target group and an assessment has been made of their needs, a "peer counselor" will endeavor to encourage the client to participate in social and recreational outlets and seek psychiatric assistance if necessary in a local mental health center.

Washington

The State Department of Social and Health Services has contracted with Community Home Health Care (CHHC), a private nonprofit agency in Seattle to provide social and health care services to elderly incapacitated clients in their homes. With a strong outreach staff of volunteers and professionals, CHHC will attempt to identify elderly mentally ill persons in public housing buildings, and after an evaluation assessment, direct them to a mental health center for assistance.

Wisconsin

Utilizing a Community Support Program concept that has successfully worked with adults, the Dane Community Mental Health Center has developed two multidisciplinary teams—Morbile Outreach to Services Team (MOST) to provide continuity of care and access needed services for the older adult mentally ill person. Its aim is to provide a responsive community support system 24 hours a day, everyday of the year, for this target population.

CENTERS FOR DISEASE CONTROL

In 1987, the Centers for Disease Control (CDC) initiated activities benefiting older Americans in several areas and continued ongoing activities in numerous other areas affecting the elderly as part of our efforts to prevent disease, disability, and premature death and improve the quality of life. CDC also conducted research involving unsafe unhealthy worksite exposures, many of which cause chronic diseases or conditions in older Americans.

CDC is continuing its efforts to make adults aware of the need to be immunized against the vaccine preventable diseases of pneumococcal pneumonia, influenza, tetanus, diphtheria, hepatitis B, measles, and rubella. CDC, through a contract, developed and distributed a manual aimed at assisting a nursing home in conducting an influenza program. Over 22,000 copies were requested by State and local health agencies for distribution to nursing homes. An evaluation of the manual will be undertaken in 1988.

CDC hosted the Second National Forum on Audit Immunization in April 1987 to continue it effort to increase awareness of adult vaccine needs in the private and public sectors. A cooperative agreement has been signed with an HMO trade organization to measure vaccine use and develop procedures to increase acceptance of adult vaccines by HMO subscribers. CDC participated in a coalition of public and private organizations to promote National Adult Immunization Awareness Week, October 25-31, 1987. The coalition's activities, coordinated by the National Foundation for Infectious Diseases, featured the development and distribution of a media kit, public service announcements, and other public and professional educational efforts designed to reach groups at risk and health-care providers.

CDC is aiding State and local health systems in expanding immunization program coverage of adult populations through the promotion of recommendations of the Immunization Practices Advisory Committee (ACIP) on adult immunization, Morbidity and Mortality Weekly Report, and technical consultations. In 1988, CDC will distribute adult information and education materials developed under contract to State health agencies and other organizations to reach specific adult target populations. The 22d National Immunization Conference which will be held in June 1988 will feature adult immunization topics.

CDC is involved in the planning and implementation of the National Vaccine Program, and has included age appropriate immunization as one of the major elements of this program. Efforts have been made in 1987 to measure the cost and effects of adult immunization in selected target populations and these efforts will be continued in 1988.

In other efforts directed towards extended care facilities, CDC is working to define risk factors for the prevention and control of institutionally acquired infections in skilled nursing facilities. A study on infections and infection control programs in skilled nursing facilities is continuing. The purpose of the study is to improve the prevention of nosocomial infections in skilled nursing homes by identifying infections in skilled nursing homes, associated risk factors and characterizing infection control programs in these facilities. A training course, "Infection Control in Small Hospitals and Extended Care Facilities," is offered two times each year by the Training and Laboratory Program Office in collaboration with the Hospital Infections Program.

Tuberculosis among the elderly, and especially nursing home residents, is an important problem. In 1986, there were 22,768 cases of tuberculosis reported to the Centers for Disease Control (CDC), including 6,393 (28 percent) in persons 65 years of age or older. The case rate for persons of all ages was 9.4 per 100,000 population, while it was 21.9 per 100,000 for persons age 65 or older. Studies conducted by William Stead, M.D., or Arkansas have contributed to the understanding of tuberculosis infection and disease among persons in nursing homes and other institutions for the elderly. In the period 1981–83, the incidence rate of tuberculosis in nursing homes in Arkansas was 234 per 100,000—four times higher than the rate for persons over 65 residing at home. Studies of tuberculosis outbreaks indicate that much of the disease among nursing home residents in Arkansas is a result of new transmission, and not reactivation of previously acquired infection as had been suspected.

To better control the tuberculosis problem in the elderly, CDC and the American Thoracic Society (ATS) have recommended that nursing home residents be screened for tuberculosis upon admission and that employees be screened upon employment and periodically thereafter. Treatment with isoniazid to prevent tuberculosis disease is recommended for persons at high risk of tuberculosis, such as newly infected (recent skin test converters) residents of nursing homes. CDC is currently conducting a study which will lead to a better understanding of the extent of the tuberculosis problem in nursing homes and will provide data on which additional CDC/ATS surveillance recommendations can be based.

A Public Health Service information resource available to the public—The Combined Health Information Database (CHID) continued to expand in fiscal year 1987 to include descriptions of health education programs designed by the Veterans' Administration for use by health care professionals. CHID is a computerized database that contains descriptions of health education and health information, arthritis, diabetes, high blood pressure, and digestive diseases. Because of the nature of the subject areas, it is a valuable resource for health providers working with the elderly. A subscription password for parties interested in using CHID is available through BRS, Inc. (Latham, NY, at 1-800-345-4BRS).

The Planned Approach to Community Health (PATCH) program conducted by CDC is a program of technical assistance to State and local health agencies. The program provides an epidemiologic framework for diagnosing community needs and implementing targeted interventions to reduce morbidity and mortality from the leading causes of death and disability. Among the intervention projects that have been undertaken by participating PATCH communities have been those specifically designed to protect older citizens. In Montgomery County, OH, for example, injuries related to falls and fires were found to be major cause of death and disability among the elderly. In response, education programs were initiated that included distribution of smoke detectors and non-slip bathtub strips to older citizens through senior citizen centers. In Reno County, KS, a "mall walk program" for senior citizens was initiated in response to a high prevalence of sedentary lifestyles.

Through the Association of Schools of Public Health, CDC has entered into a cooperative agreement with Yale University to identify determinants of physical activity among healthy older citizens. This study will explore physical activity among 1,350 elderly persons of varying socio-economic backgrounds in three metropolitan areas and identify the determinants of such activity. Results from the study will then be used to design programs for increasing levels of physical activity for older populations.

In 1987, CDC continued efforts to prevent injuries among the elderly. Injuries among the elderly are a major public health concern in terms of death, disability, and health care costs. Persons 65 years of age and over constitute about 11 percent of the U.S. population, but they account for about 45 percent of all unintentional home injury deaths. CDC has continued to develop and implement research and program efforts to reduce this toll on older Americans. Notable among these efforts has been the initiation of a landmark research project entitled "Epidemiologic Study of Injuries Among the Elderly—Project SAFE" (study to assess fall injuries among the elderly). This study, undertaken in collaboration with the Dade County, FL Department of Public Health, is identifying those factors that contribute to injuries among the elderly, will develop and test interventions, and develop prevention models for use by health agencies nationwide. The role of environmental hazards and other risk factors and the potential protective effect of estrogen replacement therapy are the principal areas of investigation. Estrogen replacement therapy may mitigate the effects of osteoporosis which is associated with falls and hip and wrist fractures in the elderly.

Other collaborations have been initiated with both the Philadelphia Health Department and the Indian Health Service to target injuries among inner city Blacks and Native Americans. The special needs and risks of the elderly among these high-risk populations are being addressed by these programs.

CDC is also represented on the Surgeon General's Task Force for Health Promotion and the Aging. Efforts in this arena are directed to public policy development and prioritizing research recommendations for the prevention of injuries among the elderly. Similarly, collaboration is underway with the National Institute of Aging to develop approaches to the prevention of falls among the elderly.

Although the incidence of cervical cancer has declined, 7,800 deaths occur each year, many of which could be prevented. From the National Health Interview Survey of Health Promotion and Disease Prevention, 73 percent of women have had a Pap smear in the previous 3 years. However, only 50 percent of women over 65 years of age had a Pap smear in the previous 3 years; 15 percent have never had Pap smears. CDC has cooperative agreements with Kentucky, Illinois, and Georgia to identify barriers to Pap smear screening and to reduce the mortality due to cervical cancer. Interventions designed by these cooperative agreements will certainly be targeted to older women to improve the proportion who receive regular Pap smear screening.

Breast cancer is the major cause of cancer deaths in women and has been increasing 1 percent per year from 1975 to 1984. Incidence of breast cancer begins to rise at age 30 and rises dramatically with age, reaching the highest rates in women over 65 years of age. The current recommendation for early detection of breast cancer is a baseline mammogram in women 40 years and older and annual screening mammograms for women 50 years and older. The American Cancer Society conducted a survey in 1983 that demonstrated only 41 percent of women 50 years of age and older have ever had a mammogram; only 15 percent of women have them annually. CDC has a cooperative agreement with the State of Rhode Island to evaluate their breast cancer screening program, which promotes low-cost screening mammograms for women over 40 years of age. The evaluation of this program will be used to promulgate similar programs in other States and to target older women, who have the highest incidence and mortality due to breast cancer.

Arthritis is the most prevalent chronic disease affecting approximately 37 million persons in the United States. From NHANES I, 40 percent of persons 65 years and older have symptomatic musculoskeletal diseases and 60 percent have clinical evidence of disease. State health departments need to begin to define their role in preventing disability and improving access to optimal care for persons with arthritis. CDC has developed a chronic disease training course for program managers in state health departments. This course includes a planning problem that requires participants to develop an arthritis program, which could stimulate state health departments to consider a spectrum of activities to decrease disability in older persons with arthritis.

Given the dearth of national data related to the prevalence and incidence of conditions common among the elderly, CDC began analyzing existing NCHS multiple cause-of-death data to provide such estimates. The reported prevalence at death was estimated and the descriptive epidemiology was characterized for Alzheimer's disease from 1968–83. Similar analyses are planned to provide reported prevalence at death estimates for other chronic neurologic diseases such as multiple sclerosis, Parkinson's disease, and amyotrophic lateral sclerosis.

Diabetes is also a major contributor to morbidity and mortality among persons over 65. It affects 8 percent of persons over 65, and 60 percent of those individuals are hospitalized every year. One-quarter of all patients initiating costly end-stage renal disease treatment have diabetes, and 20 percent are over 65. Half of all amputations occur in people with diabetes, and 60 percent are over 65. Almost half of the persons with diabetes who become blind are over 65. During 1987 CDC has focuses its efforts on the prevention of three major complications of diabetes which affect people over 65. They include blindness, amputations, and hypertension. Thirty States and territories were provided funding to address these complications. Increased emphasis on these conditions will continue to fiscal year 1988. Attention to the major contributors to cardiovascular disease, which accounts for 75 percent of all deaths among persons with diabetes over 65, will continue. The program continues to build consensus on effective control strategies and translating effective techniques into community practice.

A variety of programs which address the health problems of older Americans are being conducted by the three CDC-funded Prevention Centers at the schools of public health at the University of Washington, the University of North Carolina, and the University of Texas at Houston. The University of Washington Prevention Center, in particular, is focusing on the health of older Americans and has as its theme "Health Promotion and Disease Prevention in the Elderly." One of its major projects is a health promotion program for the elderly designed to reduce their need for health care and their days of restricted activity. The project's goals are to increase physical activity, reduce excessive use of prescription drugs and alcohol, and detect and correct visual and hearing deficits. As an additional benefit, the onset or the progression of some chronic diseases should be prevented or delayed for this group. This is a model program for the delivery of preventive health services directed at specific risk factors in a defined population group. The University of Washington Prevention Center is also studying methodologies for health risk assessment and is conducting a case-control study of hip fractures in the elderly. Among the activities of the University of North Carolina Prevention Center and the University of Texas Prevention Center are programs addressing cardiovascular disease, cancer, injury prevention, and diet and nutrition.

The National Center for Health Statistics (NCHS), the Federal Government's principal health statistics agency, became a Center within the Centers for Disease Control in 1987. The NCHS data systems address the full spectrum of concerns in the health field from birth to death, including overall health status, life style, the onset and diagnosis of illness and disability, and the use of health care.

The Center maintains over a dozen surveys that collect health information through personal interviews; physical examination and laboratory testing; review of hospital, nursing home, and physician record; and other means. These data systems, and the analysis and reports that follow, are designed to provide information useful to a variety of policy makers and researchers. NCHS frequently responds to requests for special analysis of data that have already been collected and solicits broad input from the health community in the design and development of its surveys.

Since most of the data systems maintained by NCHS encompass all age groups in the population, a broad range of data on the aging of the population and the resulting impact on health status and the use of health care are produced.

For example, NCHS data has documented the continuing rise in life expectancy and trends in mortality that are essential to making population projections. Surveys examine the use of health services by the elderly, including hospitals, nursing homes and physicians' offices. Data are collected on the extent and nature of disability and impairment, limitations on functional ability, and the use of special aids.

In addition to NCHS surveys of the overall population that produce information about the health of the aged, a number of activities provide special emphasis on the aging. The NCHS, with support provided by the National Institute on Aging, published an in-depth report on health statistics of older persons. The report presents data on the wide variety of data systems of NCHS. It covers data on mortality, health status, functional limitations, and use of health care. The reporting categories for age have, in most cases, been expanded to provide greater detail than generally is available in NCHS reports. For example, data for the oldest-old is presented whenever sample size is large enough. Although a major focus of the report is the research audience who are looking for detailed data, other groups such as policy makers and those involved in service delivery should find it useful. Plans call for the resport to be expanded to include a chartbook and to be published every 2 years.

The NCHS conducted the Conference on Data on Aging from July 13–15, 1987, in Washington, DC. The Conference was the most recent in a biennial series of Public Health Conferences on Records and Statistics and had the largest attendance—1,200 persons. Emphasis was given to issues of health, research and public policy for now and into the 21st century. The Conference, jointly sponsored by the National Institute on Aging and the Bureau of the Census, had three themes; data for public policy; methodology and measurement issues; and data for analysis, trends and projections. Conference proceedings will be published in early 1988.

The objective of the International Collaborative Effort (ICE): Measuring the Health and Health Care of the Aging, it so establish international research of direct utility to NCHS in its measurement of the health and healthcare of the aging. The NCHS will use the results of such collaborative efforts in its collection and analysis of data on the aging. During 1988–91, NCHS would hold two Workshops and a Symposium to develop international collaborative research, implement the projects, and analyze and publish the results.

The NCHS, in conjunction with the National Institute on Aging and the Bureau of the Census, co-chairs the Forum on Aging-Related Statistics. The Forum encourages cooperation among Federal agencies in the development, collection, analysis, and dissemination of data on the older population. The Forum consists of those agencies that develop, collect, analyze, and disseminate data on the aging population. There are three standing committees: (1) Data Needs and Analytic Issues; (2) Methodological Issues; and (3) Data Presentation and Dissemination. The NCHS provides the staff support for the Standing Committee on Data Needs and Analytic Issues. A major project of this committee was the identification of data needs of several Federal agencies which analyze policies with special impact on the aging. Information was obtained in interviews with policy analysts from the Congressional Budget Office, the Congressional Research Service, the General Accounting Office, the Office of Technology Assessment and the DHHS Office of the Assistant Secretary for Planning and Evaluation. The resulting report describes those areas where crucial gaps in data now exist and highlights the most significant issues in the field of aging for the future and the data needed to address them.

During 1986, data collection began for the National Mortality Followback Survey, the first such survey in 18 years. The followback survey broadens the information available on the characteristics of mortality among the population of the United States from the routine vital statistics system by making inquiry of the next of kin of a sample of decedents. Because two-thirds of all deaths in the Nation in a year occur at age 65 or older, the 1986 survey focuses on the study of health and social care provided to older decedents in the last year of life. This is a period of great concern for the individual, the family and community agencies. It is also a period of large expenditures. Agency program planning and national policy development on such issues as hospice care and home care can be enlightened by the data from the Survey.

During 1985, NCHS conducted the National Nursing Home Survey (NNHS) to provide valuable information about older persons in nursing homes. The NNHS was first conducted in 1973-74 and again in 1977.

Preliminary data from the 1985 survey were published in 1987 about nursing home characteristics, utilization, and discharges. A report presenting preliminary data about registered nurses will be published in early 1988. Also to be published in 1988 is a summary report of final data which will integrate data from the various components. Other analytical reports on topics such as diagnostic related groups; reasons for admission; detailed characteristics of facilities, registered nurses, residents and discharges are scheduled for publication in late 1988 and during 1989. Computer tapes will be available through the National Technical Information Service for public distribution in 1988.

In 1984 a large supplement, the Supplement on Aging, was added to the National Health Interview Survey. The Supplement on Aging was used to obtain information about 16,148 people age 55 and over living in the community. The focus was on: housing including barriers and ownership; support including number and nearness of living children and recent contacts in the community; retirement including reasons for retirement and sources of retirement income; and on measures of disability including Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL), and ability to perform work-related activities.

The 1984 Supplement on Aging was designed to be the basis of prospective studies. The first of these is the Longitudinal Study on Aging, a collaborative project of the National Institute on Aging and the NCHS. The first version of the public-use data file was released in July 1987. This file contains information for 1984 from the National Health Interview Survey basic questionnaire, the Supplement on Aging, and the Health Insurance Supplement; information from the 1986 re-interview; and the National Death Index match information for 1984 and 1985. It also contains a description of the study and the questionnaires. It is available from the Division of Health Interview Statistics and the National Archives of Computerized Data on Aging.

From 1969 through 1981 the procedures and questions for the basic questionnaire of the National Health Interview Survey remained relatively constant. The National Institute on Aging and NCHS have taken advantage of this long series of repeated questions to develop a historical file for the analysis of secular trends.

This public-use file is a unique resource for looking at secular change or investigating the health status of older persons when they were younger. It is available through the Division of Health Interview Statistics and the National Archive of Computerized Data on Aging. The descriptions of the procedures and the questionnaires have been published by the National Center for Health Statistics in *Vital and Health Statistics* Series 1 No. 11 (Health Interview Survey Design, 1973-84, and Procedures 1975-1983). Questionnaires and basic data have also been published in *Vital and Health Statistics* Series 10 (Current Estimates).

The National Health and Nutrition Examination Survey (NHANES) provides valuable information available only through direct physical examinations of a probability sample of the population. The first NHANES, called NHANES I, was conducted in the period 1971-75. The NHANES I Epidemiologic Followup Survey, conducted by NCHS over the last several years, tracks and reinterviews the more than 14,000 persons examined as part of the NHANES I study. It focuses on those factors measured in the earlier survey and relates them to current health conditions, functioning and mortality. While persons examined in NHANES I were all under age 75, by 1986 more than 2,000 of these individuals were over 75, providing a valuable study group to examine the aging process. The elderly persons in this study were interviewed in 1986 and again in 1987 to further study mortality, institutionalization, health status, and functioning. Future plans include monitoring the deaths in this population.

The survey content is focused on the major causes of morbidity and mortality in older persons in the United States as well as including measurement of physical, cognitive, and social function. Two important advances over previous studies are the inclusion of persons over 75 in the sample and the use of a home examination to obtain measurements for persons unable or unwilling to come to the mobile examination center.

NCHS has taken a leading role in a jointly-sponsored project being conducted by the Committee on National Statistics of the National Academy of Science to examine the adequacy of current statistics and to identify activities to increase the relevance of health statistics for policy analysis of issues related to an aging society. This project is being jointly sponsored by NCHS, the Health Care Financing Administration, the National Institute on Aging, the National Institute of Mental Health, the Office of the Assistant Secretary for Planning and Evaluation, the Social Security Administration (all of the Department of Health and Human Services) as well as the Veterans Administration. A final report is expected in early 1988.

FOOD AND DRUG ADMINISTRATION

As the percentage of elderly in the Nation's population continues to increase, the Food and Drug Administration (FDA) has been giving increasing attention to the elderly in the programs developed and implemented by the Agency. FDA has been focusing on several areas for the elderly that fall under its responsibility in the regulation of foods, drugs, and medical devices. Efforts in education, labeling, drug testing, drug utilization, and adverse reactions have been of primary interest. Close relationships have been established with both the National Institute on Aging and the Administration on Aging of the Department of Health and Humans Services to further strengthen programs that will assist the elderly in their medical care. Some of the major initiatives that are underway are described below.

INTERAGENCY COOPERATIVE EFFORTS

FDA continues to be represented on the Interagency Committee on Research on Aging (IACRA), which is coordinated by the National Institute on Aging (NIA) at the National Institutes of Health (NIH). The committee continues to promote the various efforts within respective agencies and their mutual cooperation in aging research. Of particular interest is an effort to promote a contract that will examine the known information about health promotion activities and use an expert committee to determine the research objectives to accurately respond to the noted deficiencies. Also, the committee continues its efforts to provide a listing of ongoing and planned aging research initiatves by various Government groups for public utilization.

FDA continues to participate on the Surgeon General's Committee on Health Promotion and the Elderly, which seeks to implement the annual Memorandum of Understanding (MOU) between the Public Health Service and the Administration on Aging. FDA is particularly involved in aspects of the MOU related to medications and the elderly.

FDA still provides staff support to the Office of Disease Prevention and Health Promotion (ODPHP) of the Department's Office of the Assistant Secretary for Health (Public Health Service (PHS)), in conjunction with the "Healthy Older People" initiative. The initiative continues to provide a series of publications, media materials and information to the network of Governor-appointed contacts in each State, health and consumer groups, and the aging community, about proper health promotion activities. The initiative has been recognized by the Department, and several outside groups with awards for the effort during this last year. The initiative continues to provide a PHS focus and information point in the area of health promotion for the aging.

During the last fiscal year, FDA provided one full-time employee to work with the NIA in the area of health promotion. Included in specific activities were the development of new "Age Page's" on drug related topics, articles provided to professional publications in the area of medications, and various in-house efforts in drug-related health promotion. In cooperation with FDA, NIA, and ODPHP, a workshop entitled. "Geriatric Drug Update—1987" was held at NIH in May of 1987. Over 400 Health professionals registered for the workshop and the proceedings of the meeting was published in a dedicated issue of a geriatric journal in late 1987.

Under the direction of the Office of the Surgeon General, FDA has taken a major lead in the staffing, planning and execution of the "Surgeon General's Workship—Health Promotion and Aging," which is scheduled for March of 1988. The workshop will use invited experts to consider aging issues and develop a set of recommendations that will serve as the core for PHS efforts. In addition to the staff support, FDA provided financial support to underwrite the workshop, and will have personnel intimately involved in the actual workshop.

FDA provides input to the Office of Technology Assessment, Institute of Medicine, and the Senate Special Committee on Aging, as requested in relation to medication issues in the aging and special projects that may require specialized information.

PATIENT EDUCATION

To further the goals established by the joint Public Health Service/Administration on Aging Committee on Health Promotion for the Elderly, during the last 6 years FDA has coordinated the development and implementation of significant patient education programs with the National Council on Patient Information and Education (NCPIE) and many private sector organizations. NCPIE is a nongovernmental group of some 240 health organizations founded by FDA along with many medical, pharmacy, consumer, and pharmaceutial organizations whose goal is to stimulate patient education program development. Special emphasis has been placed on the elderly, who use more prescription drugs per capita than the rest of the population.

The "Get the Answers" campaign is the primary program urging patients to ask the health professionals questions about their prescriptions. The major component of the campaign is a medical data wallet card that lists the five questions patients should ask when they get a prescription. These questions are:

1. What is the name of the drug and what is it supposed to do?
2. How and when do I take it—and for how long?
3. What foods, drinks, other medicines, or activities should I avoid while taking this drug?
4. Are there any side effects, and what do I do if they occur?
5. Is there any written information available about the drug?

The "Get the Answers" message has been widely disseminated to consumers through news releases, advice columns, and other media.

In October 1986 and NCPIE joined in a press conference to launch the first national "Talk About Prescriptions Month." The purpose of the Month was to stimulate activity to motivate health professionals to give—and consumers to seek—the information needed for safe and effective medication use. The campaign theme—"The Other Drug Problem"—resulted in extensive media coverage. Numerous organizations across the country conducted educational activities in support of the campaign. The "Talk About Prescriptions Month" campaign was so successful that NCPIE decided to make it an annual event.

The second "Talk About Prescriptions Month," celebrated during October 1987, emphasized the problem of improper medication use among the elderly. Once again FDA and NCPIE held a press conference to:

1. Kick off "Talk About Prescriptions" month,
2. Officially release the NCPIE report on improper medication use among older people, and
3. Announce a new public education campaign on improving communications between health professionals and the elderly.

The public education campaign consists of: A 30-second TV public service announcement, a 30-second radio public service announcement, a four color brochure, and print ads for consumer and professional publications. The campaign focused on effective communication between the older patient and the health care professional as the way to reduce medication misuse. Media materials—using the slogan "Before You Take It, Talk About It"—urge older consumers to talk with doctors, pharmacists, and nurses about the medicines prescribed for them.

FDA continues to publish materials and conduct meetings across the Nation to address issues affecting the elderly population including drug use in the elderly. The October 1987 *FDA Consumer* magazine included a column by Commissioner Frank E. Young entitled "Question About Your Medicine? Go Ahead—Ask."

FDA distributed the "Talk About Prescriptions Month" campaign newspaper to its newsletter editor network and several thousand consumers and multiplier organizations asking that they conduct educational campaigns. Also during 1987, FDA and other organizations targeted patient education efforts to the elderly.

As an example of the activities conducted by FDA, the FDA Consumer Affairs Officer in Indianapolis, IN, served as a member of the Governor's Task Force for development of a Medicine Education Program for Healthy Older People which developed a statewide educational program for Indiana.

Concurrent with the activities aimed at patients, FDA, NCPIE, and many private sector organizations are conducting a major campaign to encourage health professionals to provide drug information to their patients. Urging consumers to "Get the Answers" and health professionals to "Give the Answers" is vital to bridge the communications gap—to get both sides to talk to each other about medications.

In addition to patient education initiatives, FDA and NCPIE are continuing to evaluate the effectiveness of patient education programs and are monitoring the attitudes and behavior of consumers and health professionals about patient drug information. FDA continues to be encouraged by the number and quality of patient education activities undertaken by the various sectors. FDA will continue to provide leadership to foster the patient education initiative.

PREMARKET TESTING GUIDELINES

Specific guidelines for the premarket testing of drugs in the elderly are currently under development by FDA. The guidelines will address issue such as the extent to which drug trials should include elderly patients to help identify dosage regimens and other factors that need to be considered. Although use of these guidelines is not a legal requirement, a person may be assured that in following a guideline, these procedures and standards will be acceptable to FDA. In addition, in January 1986, FDA published a draft Guideline for the Format and Content of the Clinical Data Section of a New Drug Application which emphasizes the need to analyze data to search for clinical features pertinent to older patients, including kidney function, multiple diseases, and drug therapy.

FDA's efforts to ensure that premarket testing adequately considers the needs of older people also include educational activities for Institutional Review Boards (IRB) through workshops and the dissemination of information sheets on a variety of topics of interest to IRBs. An IRB governs the review and conduct of all human research at a particular institution involving products regulated by FDA. This aspect of drug testing and research is particularly important to institutional patients, a category comprised of a large number of elderly persons, to ensure adequate protection with regard to informed consent. FDA continues to work closely with the National Institutes of Health to develop and distribute information sheets to clinical investigators and members of the IRB community.

GENERIC DRUGS

The elderly in our population, as users of more medications than any other group, benefit greatly from the wide availability of generic drugs that generally cost much less than their brand-name counterparts.

Landmark legislation, the Drug Price Competition and Patent Term Restoration Act of 1984, established an abbreviated procedure for FDA's review of marketing applications for generic drugs that exempts them from expensive retesting for safety and effectiveness. This testing was conducted originally for the brand-name drug and is thus not regarded as necessary for the generic copy. By lifting this testing requirement, the 1984 Act removed a major roadblock to the development of generics. Since enactment of the 1984 law, FDA has approved about 1,000 applications for generic drugs and how receives about 90 abbreviated new drug applications for generic drugs per month—twice the number submitted before implementation of the new law. According to trade groups, generic drug sales are expending about 14 percent a year. FDA will continue to examine the impact of advertising, labeling, and education efforts on the elderly as more genetic drug products are made available in the marketplace.

In September 1986 the Commissioner of FDA chaired a public workshop to review various topics associated with designing and conducting studies that are used to demonstrate that generic drugs are equivalent in performance to brand-name drugs. The purpose of the meeting was to determine whether FDA's testing regulations need updating in light of any new findings in a scientific area that is relatively new and evolving. Maintaining a state-of-the-art capability in this area is regarded by FDA as critical to ensuring that generic drugs work as they are supposed to and provide the elderly and others with an effective lower cost alternative to brand-name medicines.

APPROVED DRUG PRODUCTS WITH THERAPEUTIC EQUIVALENCE EVALUATIONS

In order to contain drug costs, virtually all States have adopted laws that encourage or mandate the substitution of less expensive therapeutically equivalent generic drug products for prescribed brand-name drugs. These State laws generally require that substitution be limited to drugs on a specific list or that it be permitted for all drugs except those prohibited by a particular list. In response to requests from the States for FDA's assistance in preparing drug lists that would enable them to implement their substitution laws, FDA published and continually updates the Approved Drug Product with Therapeutic Equivalence Evaluations list. This list identifies currently marketed drug products approved on the basis of safety and effectiveness by FDA under the Federal Food Drug, and Cosmetic Act and provides information on all generic drugs that FDA had determined to be therapeutically equivalent to brand-name drugs. FDA believes that products considered to be therapeutically equivalent can be substituted with the full expectation that the substituted product will produce the same therapeutic effect as the prescribed product.

HEALTH FRAUD

Health fraud, the promotion of false or unproven products or therapies for profit, is big business. These fraudulent practices can be a serious and often extensive problem for the elderly. In addition to economic loss, health fraud can also pose direct and indirect health hazards to those who are misled by the promise of quick and easy cures and unrealistic physical transformations.

In order to combat health fraud, FDA uses a combination of enforcement and education. In each case, the Agency's decision on appropriate enforcement action is based on considerations such as the health hazard potential of the violative product, the extent of the product's distribution, the nature of any mislabeling that has occurred, and the jurisdiction of other agencies.

FDA has developed a priority system of regulatory action based on three general categories of health fraud: Direct health hazards, indirect hazards, and economic frauds. When a direct health hazard is involved, FDA takes immediate action—seizure, injunction, or recall. When the fraud does not pose a direct health hazard, the FDA may choose to concentrate more on education and information efforts to alert the public. Both education and enforcement are enhanced by coalition buiding and cooperative efforts between Government and private agencies at the National, State, and local level. Also evaluation efforts help ensure that our enforcement and education initiatives are correctly focused.

The health fraud problem is too big and complex for any one organization to effectively combat by itself. Therefore, FDA is working closely with many other groups to build national and local coalitions to combat health fraud. By sharing and coordinating resources, the overall impact of our efforts to minimize health fraud will be significantly greater.

FDA and other organizations have worked together to provide consumers with information to help avoid health fraud. FDA and the Pharmaceutical Advertising Council (PAC) developed a public service campaign that uses all media to provide the public with information about how to recognize, avoid, and help stop health fraud. The public awareness campaign was so well received that FDA and PAC developed another public service campaign during 1987 for distribution during 1988.

In April 1987 the Direct Marketing Association (DMA), Council of Better Business Bureau (CBBB), and FDA prepared a joint letter which was sent to DMA's 2,300 member companies. The letter alerted them to the health fraud problem and urged them to check product claims. Also, in 1987 FDA and CBBB developed and mailed a report entitled *Quackery and the Elderly* to consumer reporters at 1,500 radio and TV stations and the top 500 daily newspapers. This mailing represented the fourth in a series of joint FDA/CBBB letters to consumer reporters and, in this case, to organizations serving the elderly.

In 1986 FDA worked with the National Association of Consumer Agency Administrators (NACAA) to establish the NACAA Health Products and Promotions Information Exchange Network. Information from FDA, the Federal Trade Commission (FTC), the U.S. Postal Service (USPS), and State and local offices is provided to NACAA periodically for inclusion in the Information Exchange Network. This system provides information on health products and promotions, consumer education materials for use in print and broadcast programs, and the names of individuals in each contributing agency to contact for additional information. As a result of the success of the Information Exchange Network. FDA, and NACAA are now expanding it to include additional organizations.

In order to obtain better information on the nature of the health fraud problem, FDA worked with the Department's Office of Planning and Evaluation which contracted with Louis Harris and Associates to conduct a national health fraud survey in 1986. The survey will help provide the information to effectively target and focus public and private sector activities devoted to combating health fraud. The survey will provide reliable measure of the reasons why consumers have used various fraudulent products. It will also explore attitudes and beliefs with regard to these products. A report of the survey results is available.

In September 1985, FDA, FTC, and USPS cosponsored a National Health Fraud Conference in Washington, DC. During 1986, as a follow-up to the national conference, FDA held regional health fraud conferences in cities across the country. There were large audiences at most meetings, and the feedback was extremely positive. These local conferences served as the impetus to develop new and expand ongoing health fraud activities and form coalitions with State and local officials, community groups, and professional organizations.

In 1987 FDA announced that the Food and Drug Administration and St. Mary's Hospital of Kansas City, MO will cosponsor a national conference for individuals and organizations interested in combating the growing problem of health fraud. This conference, scheduled for March 13-15, 1988, in Kansas City, is designed to provide practical instruction and guidance on how to combat health fraud at the national, State, and local levels. Through keynote speeches and focused workshops, attendees will receive information and materials that provide numerous insights on protecting consumers from false claims and promises.

FDA Consumer Affairs Officers also conducted health fraud initiatives directed to elderly consumers, including presentations to groups of senior citizens, meetings, and exhibits. The following are examples: Exhibits at the Senior Citizen's Fair and the National Retirement Expo in Orlando, FL; Health Fraud workshops for over 1,000 United Auto Worker retirees in Detroit, MI; speech entitled "Nutrition Quackery and Its Influence on the Elderly" at a nutrition symposium sponsored by the Dietetic Service Staff of the Brooklyn, NY Veterans Administration Medical Center.

Food Programs for the Elderly

FDA has been involved in cooperative programs with the Administration on Aging (AoA) to help open lines of communication and training between personnel involved in food service programs for the elderly and State and local food officials. In addition to providing food handling training and seminars, FDA has participated in management training and certification in food protection sanitation. The Agency routinely makes available copies of its regulations and guidelines for use in the seminars.

Because AoA provides assistance in the home-delivery meals (meals-on-wheels) program and there exist unique problems in equipment and transportation, FDA, in conjunction with the University of Colorado, has assisted with development of a new food handlers training program (slide show). This training program is specifically designed to teach food handlers involved in a home-delivery program how to keep food at the right temperature to prevent foodborne illnesses to which older people are especially susceptible. This will help to ensure safer food delivery systems to a population which relies on this food assistance.

Food Labeling

Nutrition information is of particular value to older persons, many of whom are advised by their physicians to reduce consumption of salt/sodium and other food components. Thus, the sodium initiatives program which has been underway is especially useful to the elderly population. FDA regulations concerning the declaration of sodium content and label claims for sodium content became effective July 1, 1986. These regulations have already, resulted in greater availability of sodium information to those medically advised to reduce sodium intake as well as to those voluntarily seeking to reduce or moderate sodium consumption.

The regulations define terms such as "low sodium," specifying the maximum levels of sodium that a serving of food may contain when the terms are used on product labels. These rules also require the declaration of the sodium content on food labels which contain nutrition information. Nutrition information is required if a processor adds nutrients to a product or makes nutritional claims about it. In addition, the Agency is recommending the voluntary inclusion of potassium content information in nutrition labeling because people with kidney and some other diseases who must control their sodium intake must also control their potassium intake. Also, people with high blood pressure and other related health problems often use potassium in place of sodium.

Many major food manufacturers have voluntarily included sodium information on food labels since FDA sodium initiatives were begun in 1981. Sodium labeling has increased markedly; it is estimated that over half of the products regulated by FDA now carry sodium labeling.

Older persons also are frequently medically advised to reduce their fat and cholesterol intake. A proposed regulation, published in the *Federal Register* of November 25, 1986, would define terms for the cholesterol content of foods and establish requirements for the inclusion of cholesterol as part of nutrition labeling when claims are made relative to cholesterol content or fat content of a food. This proposal defines the term "cholesterol free" as applicable for any food containing less than 2 mg cholesterol per serving, "low cholesterol" for foods containing less than 20 mg cholesterol per serving and "reduced cholesterol" for a 75 percent reduction in cholesterol per serving. The Agency is also advising supermarket chains on appropriate fat and cholesterol shelf labeling initiatives and cooperating with the National Cholesterol Education Program of the National Heart, Lung, and Blood Institute.

The older as well as younger population has strong interest in possible relationships between diet and health. Most consumers, but especially the elderly, are vulnerable to misleading health claims about foods. FDA currently is considering ways to permit appropriate health claims on food labels that will not be misleading to consumers. A proposed regulation published in the *Federal Register* of August 4, 1987 describes the Agency's current position on this issue and requests comments from all interested parties.

TOTAL DIET STUDIES

The Total Diet Study, as a part of FDA's ongoing food surveillance system, provides a means of identifying potential public health problems with regard to diet for the elderly and other age groups. Through the Total Diet Study, FDA is able to measure the levels of pesticide residues, industrial chemicals, toxic elements, and nutritional elements in selected foods of the U.S. food supply and to estimate the levels of these substances in the diets of eight age-sex groups (6- to 11-months infants, 2-year-old children, 14- to 16-year-old boys, 14- to 16-year-old girls, 25- to 30-year-old females, 25- to 30-year-old males, 60- to 65-year-old females, and 60- to 65-year-old males). Because the Total Diet Study is conducted yearly, it also allows for the determination of trends and changes in the levels of substances in the food supply and in daily diets.

MEDICAL DEVICES OF PARTICULAR BENEFIT TO THE ELDERLY

INTRAOCULAR LENSES

Data on intraocular lenses (IOL's) continue to demonstrate that a high proportion (85 to 95 percent) of the patients will be able to achieve 20/40 or better vision with the implanted lenses and that few (3 to 5 percent) will experience poor visual acuity (20/200 or worse). The data also demonstrate that the risks of experiencing a significant post-operative complication are not great. Furthermore, many of the complications result during the early post-operative period and are associated with cataract surgery; the incidence of these complications is generally not affected by IOL implantation. Approved lenses have a significant impact on the health of elderly patients having surgery to remove cataracts. The IOL's, because they are safe and effective, aid elderly patients by increasing the options available to maintain their sight and thus their ability to drive and otherwise lead normal lives. The cost of IOL implantation is competitive with other available options, particularly when the continuing cost of contact lens care accessories, such as cleaning and storage solutions, disinfection solutions, or heat disinfection units are considered. FDA continues to monitor over 1,000 investigational IOL models and has, to date, approved over 400 models as having demonstrated safety and effectiveness.

At the same time, FDA scientists are testing the optical quality of IOL's being marketed as investigational devices. FDA studies will include measurements of focal length, resolving power, astigmatism, and image quality. This information will provide a useful database that can be factual in making decisions about optical quality of new IOL designs. Early test results show that the overall optical quality of currently-marketed IOL's is good.

Due to the large number of IOL's now available, the situation that originally prompted concern from Congress and resulted in large adjunct investigations, no longer exists and the studies are in the process of being phased out over a 3-year period. An adjunct study is a clinical investigation peculiar to IOL's, which permits unlimited IOL's to be implanted under conditions requiring collection of adverse reaction data only. FDA permitted adjunct studies of IOL's in order to comply with provisions in the Medical Device Amendments created to ensure that IOL's would continue to be made "reasonably available" to physicians while data to support their safety and effectiveness were being collected. While the adjunct provisions have permitted widespread and immediate availability of new IOL's, they have provided little benefit from a safety monitoring or data collection perspective. In fact, the availability of large numbers of IOL's through the adjunct study has provided a disincentive to firms to collect, analyze, and submit data to FDA in support of a premarket approval application.

Because many IOL's have nevertheless received premarket approval, *the justification for permitting the continuation of adjunct investigations of IOL's no longer exists.* At the same time, we recognize that the medical community and industry have become accustomed to relatively unencumbered use of adjunct IOL's, and that any change in the current system would have a major impact on the patterns of use and availability of IOL's and on the IOL industry. Therefore, this plan approaches the changes in the policy with some caution to ensure that the availability of IOL's is not severely restricted, that innovation in IOL technology is not stifled, and that the impact of these changes on ophthalmic care and the industry is as minimal as possible. FDA is now in the first year of the 3-year transition to terminate these studies which have outlived their usefulness. Appropriate precautions are being taken not to disrupt normal ophthalmic care in the process.

PACEMAKERS

Dysfunction of the electrophysiology of the heart can develop with age, be caused by disease, or result from surgery. People with this condition can suffer from fainting, dizziness, lethargy, heart flutter, and a variety of similar discomforts or ills. Even more serious, life-threatening conditions such as congestive heart failure or fibrillation can occur.

The modern pacemaker is designed to supply stimulating electrical pulses when needed to the upper or lower chambers of the heart or with some newer models, both. It has corrected many pathological symptoms for a large number of people.

Approximately half a million elderly persons have pacemakers. At present, an estimated 125,000 pacemakers are implanted annually, 30 percent being replacements. An estimated 75 percent of these are for persons 65 years of age or older. Without pacemakers, some of these people would not have survived. Others are protected from life-threatening situations and, for most, the quality of life has been improved.

FDA, in carrying out its responsibilities of ensuring the safety and efficacy of cardiac pacemakers, has classified the pacemaker as a Class III medical device. Devices in Class III must undergo stringent testing requirements and FDA review before approval is granted for marketing.

In addition, FDA in conjunction with the Health Care Financing Administration (HCFA) of the Department of Health and Human Services has instituted a national registry of cardiac pacemaker devices and leads. HCFA and FDA have developed an operational registry with a database of approximately 200,000 pacemaker and lead entries to date.

Physicians and providers of health care services must submit information to a national cardiac pacemaker registry if they request Medicare payment for implanting, removing or replacing permanent pacemakers and pacemaker leads. The final rule implementing the national registry was published by FDA and HCFA in the July 23, 1987, Federal Register and became effective on September 21, 1987.

Under this new rule, physicians and providers of services must supply specified information for the pacemaker registry each time they implant, remove, or replace a pacemaker or pacemaker lead in a Medicare patient; HCFA may deny Medicare payment to those who fail to submit the required data. The information is submitted to HCFA's fiscal intermediaries at the same time as the bill for services, and HCFA relays the data to FDA. Health care providers may obtain forms for submitting the information from the fiscal intermediaries.

FDA plans to use the data from the registry to monitor the long-term clinical performance of pacemakers and leads. FDA will use the registry data, along with information received under the Medical Device Reporting regulation, to track failures or defects in certain models of pacemakers and leads and notify HCFA so they may stop Medicare payments for those products.

The required information includes:

—The name of the manufacturer, the model and serial number of the pacemaker or pacemaker lead, and the warranty expiration date.

—The patient's name and health insurance claim number, the provider number, and the date of the procedure.

—The names and identification numbers of the physicians ordering and performing the surgery.

When a pacemaker or lead is removed or replaced, the physician or provider must also submit the date of initial implantation (if known), and indicate whether the device that was replaced was left in the body and, if not, whether the device was returned to the manufacturer.

HEMODIALYSIS

The PHS Task Force on Dialysis has initiated a number of activities to improve dialysis care. The Task Force is now preparing an annual accomplishments report which among other things, will describe FDA's efforts to: (1) Develop patient educational materials on dialyzer reuse; (2) conduct research on germicidal effectiveness; and (3) assist HCFA in implementing its recently finalized coverage standards on dialyzer reuse.

In December 1986, the Director of the Center for Devices and Radiological Health wrote to dialyzer and blood tubing manufacturers encouraging them to revise their "single use labeling" to reflect current reuse practices. Thus far, two major dialyzer firms—accounting for roughly one-third of the market—have modified their labeling to include a reference to the Association for the Advancement of Medical Instrumentation guidelines on dialyzer reuse and to provide specific product characteristic information that will enable dialysis personnel to reprocess these devices safely and effectively. A major manufacturer of blood lines is presently seeking FDA clearance to make a similar change in its labeling for these products. Agency efforts are continuing to foster consistent labeling for these devices by the dialyzis industry.

A videotape on the problem of human error during hemodialysis has been produced as a joint venture of the Health Industry Manufacturers Association (HIMA), the Renal Physicians Association (RPA), the American Nephrology Nurses' Association (ANNA), and FDA's Center for Devices and Radiological Health.

The tape was produced by the Division of Training Support in the Center's Office of Training and Assistance, with the consultation and cooperation of the manufacturers' and health professionals' organizations, as well as staff of the Center's Office of Compliance and Office of Device Evaluation.

The 24-minute color videotape, "Human Factors in Hemodialysis," was developed specifically for dialysis health professionals. Its purpose is to heighten awareness of fundamental dialysis quality assurance procedures including the importance of: (1) Reading and following manufacturers' manuals and other literature, (2) using a predialysis checklist, (3) checking the dialysate, and (4) performing preventive maintenance.

HEALTH RESOURCES AND SERVICES ADMINISTRATION

The Health Resources and Services Administration (HRSA) provides leadership and direction to programs and activities designed to improve health services for people at all levels of society in the United States. Established in 1982, HRSA is one of the newest agencies in the Department of Health and Human Services. As part of the Public Health Service, HRSA has leadership responsibility for general health service and resource issues relating to access, equity, quality and cost of care. These responsibilities are carried out by HRSA's four components: Bureau of Health Professions; Bureau of Health Care Delivery and Assistance; Indian Health Service; and Bureau of Maternal and Child Health and Resources Development.

HRSA pursues its objectives by: providing direct, personal health services for American Indians, Alaska Natives, Hansen's Disease patients and other designated beneficiaries; supporting States and communities in their efforts to plan, organize and deliver health care, especially to underserved area residents, migrant workers, mothers and children and other groups with special needs; providing leadership to improve the education, distribution, supply, use, and quality of the Nation's health personnel; supporting efforts to integrate health services delivery programs with public and private health financing programs; improving the use of health resources; providing technical assistance for modernizing or replacing health care facilities; administering the organ transplant program; and supporting AIDS demonstration projects.

Three bureaus significantly influence programs and activities that benefit the elderly, while the HRSA Committee on Aging-Related Issues serves as the focal point within the Agency. The following is a description of these entities.

HRSA COMMITTEE ON AGING-RELATED ISSUES

The rapidly expanding elderly population is of particular importance to HRSA because of the implications concerning general health service and resource issues as they relate to access, equity, quality, and cost of care. In order to effectively direct its multifaceted effort (research, service, resource development) in an organized, concerted manner, HRSA initiated its Committee on Aging-Related Issues in 1987. The representatives from the four Bureaus and the Office of the Administrator are charged with broad-based responsibilities, including providing advice to the Administrator, improving the awareness of all HRSA employees concerning aging-related issues, providing a forum within the Agency for sharing information, and developing a plan to increase the relevance and accessibility of HRSA programs to the aging population.

BUREAU OF HEALTH PROFESSIONS (BHPr)

The Bureau of Health Professions provides national leadership in coordinating, evaluating, and supporting the development and utilization of personnel required to staff the Nation's health care delivery system. BHPr assesses the supply of and requirements for the Nation's health professionals and develops and administers programs to meet those requirements. It also collects, analyzes data, and disseminates information on the characteristics and capacities of health professions production systems. The Bureau develops, tests, and demonstates new and improved approaches to the development and utilization of health personnel within various patterns of health care delivery and financing systems. BHPr provides financial support to institutions and individuals for health professional education programs, administers Federal grant programs for targeted health personnel development and utilization, and provides technical assistance to national, State, and local agencies, organizations; and institutions for the development, production, utilization, and evaluation of health personnel.

Fiscal year 1987 program activities contributing to the development of professional personnel to provide health care to the aged included:

(1) Activities under training authorities targeted specifically for geriatric and gerontological education;

(2) Activities under training authorities for primary care, nursing, and other health professionals where geriatric training may be provided as part of a broader educational emphasis; and

(3) Data collection, studies, and other activities aimed at assessing and enhancing the qualifications of future health care providers to respond to the needs of the aged.

TARGETED SUPPORT FOR GERIATRICS

Thirty-one Geriatric Education Centers received grants under section 788(d) of the PHS Act, an authority which specifically authorizes geriatric training. Many centers are consortia or other organizational arrangements involving several academic institutions, a broad range of health professions schools, and a variety of clinical facilities. The centers are based at the following institutions: University of Washington, Seattle, WA; Harvard Medical School, Boston, MA; SUNY at Buffalo, NY; University of Puerto Rico, San Juan, PR; Mt. Sinai School of Medicine—Hunter College, New York, NY; Temple University, Philadelphia, PA; University of Pennsylvania, Philadelphia, PA; Virginia Commonwealth University, Richmond, VA; University of Alabama at Birmingham, Birmingham, AL; University of North Carolina, Chapel Hill, NC; University of Mississippi, Jackson, MS; University of Kentucky, Lexington, KY; Case Western Reserve University, Cleveland, OH; Baylor College of Medicine, Houston, TX; University of Texas Health Science Center at San Antonio, San Antonio, TX; University of Missouri at Kansas City, Kansas City, MO; University of Utah, Salt Lake City, UT; University of North Dakota, Grand Forks, ND; University of Southern California, Los Angeles, CA; Marquette University, Milwaukee, WI; University of Iowa, Iowa City, IA;

University of Connecticut, Farmington, CT; University of Florida, Gainesville, FL; University of South Florida, Tampa, FL; Michigan State University, East Lansing, MI; Chicago College of Osteopathic Medicine, Chicago, IL; Creighton University, Omaha, NE; University of New Mexico, Albuquerque, NM; University of California at Los Angeles, Los Angeles, CA; Stanford University, Palo Alto, CA; and University of Hawaii, Honolulu, HI.

Awards for these 31 Geriatric Education Centers totaled $8.6 million for fiscal year 1987. Additional competitive awards to develop new centers and to enhance existing centers are planned for fiscal year 1988.

These centers are educational resources providing multidisciplinary geriatric training for health professions faculty, students, and professionals in allopathic medicine, osteopathic medicine, dentistry, pharmacy, nursing, and related allied and public or community health disciplines. They provide comprehensive services to the health professions educational community within designated geographic areas. Activities include faculty training in the disciplines listed above. The centers also provide technical assistance in the design and conduct of inservice and continuing education programs for practicing health professionals. They assist health professions schools within their geographic regions or areas in the selection, installation, implementation, and evaluation of appropriate geriatric course materials and curriculum improvements.

GERIATRIC ACTIVITIES SUPPORTED UNDER BROADER TRAINING AUTHORITIES

The General Dentistry training grant program currently supports 26 postdoctoral residency and advanced education programs in dentistry, which include training opportunities in providing dental care to the elderly. In 1986 and 1987, special consideration was given to grant applicants who proposed to further expand and improve the geriatric training components of their postdoctoral programs.

In Fiscal Year 1987, 28 predoctoral grantees and 80 graduate programs in Family Medicine provided training in geriatrics. In residency training in Family Medicine programs, 39 grantees received funds totaling $2,261,471 to provide curriculum content in geriatrics and gerontology to medical students. Additionally, 33 Faculty Development training programs indicated training of faculty in this area. Twenty-one grantees funded to establish Departments of Family Medicine indicated the provision of geriatric training, and funds totaling $419,642 were awarded to six grantees specifically for this training.

Under the Area Health Education Center (AHEC) Program, 17 of 24 grantees that indicated emphasis in geriatric activities received a total of $875,394 for that purpose. Among the projects funded under the AHEC special initiative authority are projects to develop and implement a geriatric nurse practitioner and physician assistant certification program and to identify geriatric resources and personnel.

Thirty-two grantees funded under the General Internal Medicine and General Pediatrics Residency program indicated the provision of geriatric training in Fiscal Year 1987. A total of $140,822 was awarded to eight programs for their activities. In addition to the graduate training program, 3 awardees in the General Internal Medicine/General Pediatrics Faculty Development grant program indicated that a geriatric training emphasis would impact approximately 13 faculty. No specific funds were granted for that activity.

All 36 Physician Assistant training program grantees indicated geriatric activities; $70,086 was awarded to 9 programs. The amount of these awards ranged between $300 to $23,500. Six Preventive Medicine Residency training program grantees indicated inclusion of geriatric curricula in their programs. An estimated 29 individuals received this training. One podiatry training grant recipient indicated geriatric training involving approximately 14 students.

The Advanced Nursing Education authority supported six grants totaling $759,718 for gerontological and geriatric nursing concentration in programs leading to a master's or doctoral degree in nursing.

Thirteen master's or postmaster's gerontological nurse practitioner programs received grant support totaling $1,239,226. Twenty-seven family nurse practitioner master's programs, and two certificate programs, all of which contain content related to care of older persons, were funded through grants amounting to $4,346,008. Three women's health nurse practitioner master's programs, which contain content related to care of women from young adult through old age, received grant support totaling $414,318.

For Fiscal Year 1987, the Nursing Special Projects grant authority to improve gerontological nursing education in the areas of prevention, acute and long-term care, including both home and institutional care, awarded the following:

Educational programs, all levels—continuing education, baccalaureate, postbaccalaureate, master's and certificate: 11 grants totaling $1,082,872. These programs included, for example:

Improving Home Health Nursing for the Elderly Training of Indian Nursing Home Personnel

Demonstration projects: two grants totaling $265,985, were awarded for the following:

Nursing Experience with Rural Black Elderly Females. The Block Nurse Program Replication Project. (The Block Nurse Program Replication Project is to replicate a successful pilot demonstration designed to provide nursing and other services to elderly neighbors which would keep them independent in their homes. The community's program draws on nursing and other professional and volunteer services).

OTHER ACTIVITIES

During Fiscal Year 1987, the Bureau continued to coordinate its geriatric activities with those of the NIA, AoA, NIMH, VA, and DoD through the Department's Task Force on the Enhancement of Training in Geriatric and Gerontology. The Task Force, which is co-chaired by the Director of the National Institute on Aging, and the Director of the Bureau of Health Professions, HRSA, was reconstituted in mid-1986, adding representatives of the administration on Developmental Disabilities, the Health Care Financing Administration, the National Center for Health Statistics, the National Center for Health Services Research and Health Care Technology Assessment, the National Institute of Dental Research and the Department of Labor's Bureau of Labor Statistics. Major effort was spent in responding to a congressional requirement for a study of personnel to meet the health needs of the elderly through the year 2020.

Specifically, the Bureau, in cooperation with professional associations, developed projections of supply and requirements for medicine, nursing, allied health, public health, and dental health personnel needed to care for the Nation's elderly in the early years of the next century. The report also contains several recommendations concerning how the training needs should be addressed.

An invitational conference and workshop on home health care, sponsored by the Bureau's Division of Nursing, was held on July 8–10, 1987. The purpose of the conference was to explore the impact of a rapidly changing health care delivery system on the provision of quality home care which has implications for nursing practice, education, management, and the Federal role. Forty-five experts in the field attended, including administrators of home health care agencies, hospital directors of nursing, nurse educators, nurse consultants, and representatives from the Health Care Financing Administration. The objectives were to identify current issues and trends in home care nursing, and to develop strategies to ensure the provision of quality home care from three perspectives: (1) the changing roles and responsibilities of nurses, (2) the role of management, and (3) the educational requirements of nurses in the field of home health care. Proceedings from the conference are being prepared and will be available in December 1987.

The Bureau's Division of Medicine contracted with the East Carolina University School of Medicine to develop an "Instructional Unit for Implementing Geriatric Core Curriculum in Family Medicine Residency Programs." The purposes of this prototypical training program were to: (a) Teach Family Medicine (FM) faculty the general requirements for FM geriatrics practice; (b) introduce faculty to the American Academy of Family Physicians (AAFP) guidelines; and (c) teach strategies for incorporating existing learning materials into the instructional programs at their own institutions. The project has been field tested and evaluated. Twenty-two FM faculty members completed the training program. This 2-year contract ended on September 30, 1987. A curriculum resource package consists of five competency-based learning modules: Nursing Home; Acute Care; Rehabilitation; Ambulatory Care; and Complete Evaluation of the Elderly Patient. The curriculum package is available to assist Family Medicine faculty (or faculty in other medical specialties) involved in teaching residents.

The Division of Medicine collaborated with the American Academy of Physician Assistants in a study of practice roles of physician assistants providing geriatric care. The purpose of the study was to identify the full range of physician assistant activity in nine very different geriatric settings and to derive models of future utilization of physician assistants.

Dentistry was given priority in the 1987 grant cycle for the Coordinated Discretionary Funds Program administered by the Office of Human Development Services (HDS), DHHS. The Bureau's Division of Associated and Dental Health Professions worked closely with HDS' Administration on Aging in reviewing grant applications for geriatric dentistry awards.

Under a contract with Stanford University, the Bureau is supporting the development of a model geriatric clerkship curriculum to be used in physician assistant training programs. The curriculum materials will be ready for dissemination to physician assistant programs in November 1987.

Also during Fiscal Year 1987, the Bureau provided to the Senate Committee on Aging substantial amounts of data and tabulations on nursing and allied health education costs reported to Medicare by hospitals. Data tapes and tabulations from the Area Resource File, a computer-based, geographic health resources information system maintained by the Bureau, were provided to a number of analysts engaged in the examination of the characteristics of geographic areas with high proportions or numbers of the elderly.

INDIAN HEALTH SERVICE (IHS)

The Indian Health Service (IHS) provides a comprehensive program encompassing preventive, acute, and chronic care services to American Indians and Alaska Natives of all ages. The hallmark of the IHS program has been a balanced set of services designed to meet the epidemiologically defined needs of our Service population. The research activities regarding elder care needs are limited to this epidemiologic analysis.

The success of this approach is attested to by the increasing life expectancy at birth of American Indians and Alaska Natives. A recent report prepared by the IHS staff analyzed the life expectancy at birth of our Service population for the period 1979–81 and compared these statistics to similar data from the period 1969–71. This study revealed that in the 10-year period described, the average life expectancy at birth for American Indians and Alaska Natives of both sexes increased an average of 6 years. The members of our Service population may expect to live to an age of greater than 71 years. While this is still below the figures for the U.S. population as a whole, why may expect to live to 73.7 years (1980), it does reveal that an aging population is developing in Indian country.

Currently the population aged 65 and above constitutes about 5.3 percent of the IHS service population. In absolute numbers, this means that approximately 52,000 individuals of the 989,000 IHS service population are aged 65 and above. Of this elderly group, approximately 33,000 are eligible for Medicare. Under provisions of Public Law 94–437, the IHS is allowed to bill Medicare for services provided to eligible Indian patients. The funds recovered under these provisions are by law to be used to redress deficiencies identified by the Joint Commission on Accreditation of Hospitals. In Fiscal Year 1986 the IHS collected $51,473,000 under Medicare.

The provision of health services to this population requires many resources. In Fiscal Year 1986, the number of visits to IHS ambulatory facilities by patients aged 65 and above accounted for approximately 8.8 percent of all visits. The number of inpatient hospital days accounted for by this group totaled almost 11.3 percent of hospital days for patient care in IHS hospitals. An analysis of resource intensiveness reveals that services provided to those 65 years and older were more resource intensive than for younger patients. If national trends in this population may be extrapolated to our service population, the use of IHS acute services by the elderly will increase, resulting in an ever greater proportional use of IHS resources.

The Indian Health Service recognizes these trends and has developed a number of programmatic approaches to address the issues of health care for the elderly.

In the area of preventive programs, IHS has, either through its directly operated facilities or in conjunction with tribal health programs, initiated many activities. In its directly operated programs specific curricula have been developed in nutrition, health education, environmental issues, and disease-related areas (such as diabetes) to increase health maintenance behaviors in elderly populations. This is typified by the Central Diabetes Program in the IHS. This program, which utilizes a multi-disciplinary team, has been operational for 8 years. The program emphasis has targeted the prevention of such catastrophic sequelae of Type II diabetes as amputations, blindness, and end-stage renal disease. Through the collaborative efforts of IHS providers, tribal-community groups, and the National Diabetes Advisory Board, a program was developed to prevent the above problems which incapacitate many, primarily older, Indian patients.

IHS funded tribal health activities also include many efforts in this area. Tribally operated Community Health Representative programs have had as a main emphasis, health promotion among elderly populations. This is a well defined element of the scope of work negotiated with the Tribes for Community Health Representatives. Tribal programs have been very innovative in addressing such problems as elder abuse and elder fitness with model programs in a variety of communities.

Acute care for the elderly is a vital, ongoing element of the IHS program. As the statistics presented earlier suggest, the elderly receive a disproportionately higher share of care than other age groups. The acute care programs encompass a full range of ambulatory and inpatient care.

Chronic care programs utilize ambulatory, inpatient, and community services. These programs involve a variety of providers including physicians, nursing personnel, both in facilities and communities, nutritionists, dentists, physical therapists, and many others. These programs reflect the efforts of IHS and tribal employees. Our efforts in providing chronic care to the elderly and others is typified by programs involving the collaborative efforts of IHS providers and tribally operated home health care agencies. In these programs, IHS providers work together with tribal employees to effectively develop discharge and home care plans for elderly individuals discharged from inpatient care, but requiring continued care in the home. The continued monitoring of the patient's health status by this team is paramount to early diagnosis and intervention or prevention. This approach has proved successful in many locations over time. The Zuni Tribal Home Health Care Agency has, for example, been quite successful over the last 5 years in working closely with the staff of the IHS Zuni Comprehensive Health Center.

IHS recognizes that there is a growing elderly population in American Indians/Alaska Natives communities. Problems are now surfacing in these communities regarding long term care of chronic disease. The IHS is committed to home health care as a mainstay of care. Institutionalization of elderly individuals is clearly a last resort approach to chronic care that is not consistent with the community-based wellness approach that is the core of IHS professional goals. Rather than inappropriately institutionalizing individuals the IHS would much rather work with Indian communities to develop innovative home and community based approaches to the chronic care needs of the elderly. Further refinement of the approaches to these issues is ongoing.

Finally, the IHS is part of the Indian Elders Initiative Task Group sponsored by the Office of the Assistant Secretary for Human Development Services. This Task Group, which has representation from the Administration on Aging, the Administration for Native Americans, the Indian Health Service, and other elements of the Department of Health and Human Services, is working steadily to enhance and coordinate policy development in Indian elderly health care issues.

Bureau of Health Care Delivery and Assistance (BHCDA)

The Bureau of Health Care Delivery and Assistance (BHCDA) helps assure that medical care services are provided to persons living in medically underserved areas and to persons with special health care needs. The Bureau serves as a national focus for providing primary health care services in Medically Underserved Areas (MUA), preventive health services, specialized health care, and the redistribution of health care professionals to Health Manpower Shortage Areas (HMSA's) to promote a regular source of health services. Older Americans who were among the medically underserved and statutorily defined beneficiary groups served by BHCDA in Fiscal Year 1987 were provided care primarily through Community Health Centers (CHC), Migrant Health Centers (MHC) and the National Health Service Corps (NHSC).

Community/Migrant Health Centers

In Fiscal Year 1987, a total of 576 CHC's and MHC's located in medically underserved areas provided a range of preventive, curative, and rehabilitative services to 5 million people. Over 9 percent, or about 470,000 of those served were age 65 or older.

A special initiative was begun in fiscal year 1987 to improve the quality and quantity of services in the CHC. The BHCDA and the Administration on Aging have developed a series of ten Regional meetings which will produce State-based plans for improving community-based services to the elderly. Fiscal year 1988 activities will implement the plans which focus on increased kinds and numbers of shared services.

BHCDA has administered the Home Health Services Training program under section 339 (Title III) of the PHS Act; this section is authorized through the end of Fiscal Year 1987. There were no appropriations made under this authority in Fiscal Year 1987, and, therefore, no home health training grants were awarded. A major training resource was developed with Fiscal Year 1986 moneys; BHCDA funded the development of a supplement to the Model Curriculum for homemaker-home health aides on the care of patients receiving high technology therapy in the home. The training will help the aide understand the various types of equipment or therapies they may encounter, and the risks associated with the provision of care to these patients. The aide will not be trained to provide professional care. This supplement to "A Model Curriculum and Teaching Guide for the instruction of Homemaker Home/Health Aides" was available in December 1986 and is entitled "Homemaker-Home Health Aide Services in Support of High-Tech Patients and Their Families."

THE NATIONAL HEALTH SERVICE CORPS

The mission of the NHSC is to provide health manpower to American communities and population groups whose health needs are not otherwise fully met. The NHSC places physicians, dentists, nurse practitioners, and other health professionals in areas that have health manpower shortages. Older Americans with special health needs and reduced mobility need primary care providers close at hand. The Corps works closely with the CHC and MCH programs and provides assistance in recruiting health manpower for these programs.

In fiscal year 1987, the NHSC continued its commitment of health care to the elderly. At the NHSC regional inservice conferences for providers, geriatic health was emphasized. The management of geriatic medicine, geriatric health care, and drug therapy for the elderly were some of the major issues discussed. The NHSC assigns health care providers to areas of the country whose population is unserved or underserved, reaching the elderly with programs such as physical therapy, high blood pressure screening, stroke prevention, and nutrition counseling.

NATIONAL INSTITUTES OF HEALTH

NATIONAL INSTITUTE ON AGING

I. INTRODUCTION

The United States is experiencing a significant demographic change in the overall composition of its population. Older people, those aged 65 and above, currently comprise the fastest growing segment of our population. The older population is aging itself, with dramatic rates of growth anticipated for both the population segment 75 to 84 years of age and the segment 85 years or over. By 2030, 8.6 million persons will be 85 years of age or over. Not only is the number of older individuals growing, but this group as a proportion of the total population is also expanding. Those over age 65 currently comprise about 12 percent of the population. This will increase to at least 20 percent by the year 2025.

The implications of an expanding older population are profound, not only in terms of future health care needs, but also for future policy decisions governing the Federal health care system and the education and training of medical and health research personnel. This issue becomes particularly relevant when one considers that while those aged 65 and above comprise approximately 12 percent of the population, they account for about 29 percent of the Nation's total personal health care expenditures.

The research programs of the National Institute on Aging (NIA) are designed to increase knowledge and provide a better understanding of the biomedical, behavioral, and social processes of aging; to differentiate between the normal aging processes and disease states common to older individuals; and to find solutions for the many problems faced by older people. During 1987, research projects supported by the NIA have significantly advanced knowledge in many of these areas. The Institute has also continued to encourage the academic community to make geriatrics a more prominent part of its educational and research programs.

The primary long-range goal of NIA research efforts is to delay or prevent many of the debilitating conditions of old age, thereby maintaining and extending independent living and the quality of life into the later years. This document outlines recent research advances and identifies the current research priorities of the NIA.

II. CURRENT RESEARCH AND PRIORITIES

Significant progress has been made in research on aging since the National Institute on Aging was founded in 1974. Among NIA's highest research priorities are: Alzheimer's disease; understanding the basic mechanisms and characteristics of aging; strategies for promoting health and effective functioning in older people; and training and career development in geriatrics and aging research. A fifth priority, of high relevance to nearly all NIT research programs, is development and support of research resources, including both animal models and statistical data bases.

A. ALZHEIMER'S DISEASE

Alzheimer's disease causes a variety of physical, psychological, and emotional changes. Memory loss is, however, perhaps its most disabling and frightening symptom. In the early stages of the disease, the patient becomes more and more forgetful—neglecting to turn off the oven, misplacing things, rechecking to see if a task was done, or repeating already answered questions. As the disease progresses, the patient loses the ability to remember places, times, and close relatives and friends. In the final stages, Alzheimer's disease may lead to a complete loss of memory and, as one author described it, loss of self.

It is estimated that between 2.5 and 3 million people have Alzheimer's disease, and that the total cost of their care is nearly $90 billion per year. Older people are at greatest risk of developing Alzheimer's disease. Current estimates suggest that 8 percent of those over age 65 have Alzheimer's disease, while the prevalence among those 85 and older may be as much as 1 in 3. Because of the growth of the older population, particularly those over age 85, the number of people with Alzheimer's disease is expected to quadruple by the middle of the next century.

For the past 15 to 20 years, scientists have been making steady progress in the battle against Alzheimer's disease. This past year, these efforts came together to produce several provocative advances which enhanced the prospects for an ultimate understanding of the genetics of the disease, and a potential treatment for some of its most serious symptoms.

1. The Etiology of Alzheimer's Disease

a. Genetics

The earliest reports of research on Alzheimer's disease suggested that at least some cases of the disease are inherited. Now, scientists supported by the NIA and the National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) have reported that there may be a gene responsible for the 10 to 30 percent of Alzheimer's disease cases that seem to be inherited. This same gene may also play a role in sporadic (or nonfamilial) cases as well.

Led by Dr. Peter St. George-Hyslop at the Massachusetts General Hospital in Boston, MA, scientists affiliated with a dozen different research institutions announced that they had found the gene which is responsible for production of amyloid protein, a pathological "marker" associated with Alzheimer's disease. The amyloid protein gene is located on chromosome 21, adjacent to the region associated with Down's syndrome. The investigators pooled information from four families with a high incidence of Alzheimer's disease and an autosomal dominant pattern of inheritance (e.g., offspring of an Alzheimer's patient had a 50 percent chance of developing the disease). They then used sophisticated molecular genetics techniques to identify the approximate location of the gene or genes associated with Alzheimer's disease. Although the Alzheimer's disease gene has not yet been fully isolated, this work gives scientists an opportunity to find out more about the role genetics plays in the cause of the disease. Because of the similarities between the rare familial and the more typical sporadic cases of Alzheimer's disease, this work may also tell us something about Alzheimer's disease in the general population.

As the search goes on for the "Alzheimer's gene," scientists are using advances in molecular genetics to study other basic changes that take place in the brains of Alzheimer's patients. Earlier this year, a great deal of excitement was generated by news that Dr. Dmitry Goldgaber and others had successfully cloned a normal human gene involved in making amyloid, the protein that is found in the characteristic plaques in Alzheimer brains (see Section II.A.6).

In an extension of earlier studies which showed that RNA (a key chemical in the production of protein) could be studied in autopsied brain tissue, Dr. Charles Marotta and his colleagues at the Harvard Medical School in Boston, Massachusetts, recently demonstrated that the amyloid gene can be cloned directly from brain tissue of deceased Alzheimer patients. In these most recent studies, Dr. Marotta found that, in many instances, the amount of RNA remains sufficiently stable after death to allow intricate studies of genes and their products. This research allows further study of Alzheimer's disease by sophisticated molecular genetics techniques that may eventually reveal the cause of this debilitating illness.

Whether the amyloid gene and the presumed familial Alzheimer's disease gene are the same or only in close proximity remains to be established. These studies, however, will be instrumental in stimulating further research on the molecular genetics of Alzheimer's disease, on the molecular identification of a potential gene locus involved in the etiology of Alzheimer's disease, and on the potential of the use of a genetic marker for those at risk for AD. Should a specific Alzheimer's disease gene be identified and characterized, the potential exists for development of a therapy based upon correction of the gene defect.

b. Aluminum

In general, the human brain is protected from the effects of many toxins by the presence of the blood-brain barrier. Yet, as early as 1976, investigators working with Alzheimer patients discovered a link between Alzheimer's disease and aluminum. Numerous studies have since confirmed an increase of 10 to 30 times the normal concentration of aluminum in the brains of individuals who have died with Alzheimer's disease. Scientists do not yet understand the exact role that aluminum plays in the development of the disease or how aluminum enters the brain.

This year, two NIA grantees reported findings on how aluminum can gain access to the brain. Drs. Daniel Perl and Paul Good at the Mt. Sinai Medical Center in New York found that aluminum can be transported directly into the brain from the nasal passages, along the olfactory pathway. At the University of Alabama in Birmingham, Dr. Richard Jope has found new evidence supporting the controversial notion that aluminum in the diet may be responsible for brain cell death.

Dr. Jope found that high concentrations of aluminum in the drinking water of laboratory rats can alter the vital balance of calcium within brain cells. Since the primary role of calcium is to initiate the full range of activities that keep the cell alive, this can have a major effect on brain functioning. Further, Dr. Jope found that aluminum alters energy metabolism in the cell by offsetting the balance of two chemical messengers (cyclic AMP and cyclic GMP). This balance is another important factor in determining normal cell metabolism and function.

2. Diagnosis

One of the major issues that continues to challenge scientists is an accurate and early diagnosis of Alzheimer's disease. NIA intramural scientists have now developed a method which may help to identify patients in the early stages of Alzheimer's disease, and predict how rapidly the disease will progress.

Computed tomography (CT) is a radiologic technique which produces images of the brain's anatomy. Dr. Jay Luxenberg and his collealgues have found that serial CT scans, performed at 6 month intervals, can distinguish dementia from normal brain aging. The scientists used computerized tomography to measure the volume of the brain's ventricles (fluid filled spaces). The research team found that progressive ventricular enlargement occurs in dementia, that it is detectable in as short a time as 6 months, and that the rate of ventricular enlargement correlates with the rate of cognitive decline.

Because the symptoms and course of Alzheimer's disease vary from individual to individual, serial CT scans may be particularly useful in separating mild, slowly progresive dementia from the more rapidly progressive type which typically occurs in the rare familial form of Alzheimer's disease. In future studies, NIA scientists will attempt to determine whether this technique can be used to study other progressive dementing illnesses.

3. Toward a Treatment for Alzheimer's Disease

Several experimental treatment approaches have focused on changes in brain chemicals, such as acetylcholine, involved in the working of the brain structures responsible for memory. In November 1986, Dr. William K. Summers announced that tetrahydroaminoacridine (THA), an experimental drug, appeared to reduce memory loss in a small group of Alzheimer patients. Now, in experiments at the University of California at Irvine, Dr. Carl Cotman and his colleagues have found that THA might have an effect on brain cells that goes beyond cholinergic activity. The scientists took samples of brain tissue from the hippocampus (memory control center) of guinea pigs, applied THA to the tissue, and found that the drug stimulated cell activity. This work may help to explain the apparent improvement Dr. Summers saw in some Alzheimer patients.

Scientists are not certain about the potential of THA as a treatment for memory loss in Alzheimer's disease. An expanded clinical trial to measure the safety and efficacy of THA began in August 1987. The trial, under the leadership of Dr. Kenneth Davis, Director of the NIA-supported Alzheimer's Disease Research Center at the Mount Sinai School of Medicine in New York, will involve approximately 17 research facilities across the country and a total of some 300 patients. The trial is expected to take approximately 2 years, and is the result of a joint effort of the NIA, the Alzheimer's Disease and Related Disorders Association, and the Warner Lambert Company.

4. Program for Leadership and Excellence in Alzheimer's Disease

The Alzheimer's Disease and Related Dementias Research Act of 1987, contained in Title IX of Public Law 99-660, mandated a program for senior biomedical researchers in the field of Alzheimer's disease research. The NIA has now issued a Request for Applications for a competitive award program entitled "Leadership and Excellence in Alzheimer's Disease (LEAD)." The objectives of this program are to help strengthen the capabilities of established senior investigators who have distinguished records in biomedical research on Alzheimer's disease. The award will provide up to 7 years of funding support which will allow recipients to devote a major portion of their time to research, and will permit them to assist in the development of outstanding junior biomedical investigators interested in working on Alzheimer's disease and other dementias associated with aging.

5. New Initiatives in Support of Alzheimer's Disease Research

a. Office of Alzheimer's Disease Research

This past year, the NIA took a major step in further establishing Alzheimer's disease and the neuroscience of aging as high priority areas with the creation of the Office of Alzheimer's Disease Research. More recently, the Director, NIH, designated the NIA Office of Alzheimer's Disease Research to organize, convene, and manage the new NIH Coordinating Committee on Alzheimer's Disease.

This office will coordinate the many Institute activities on Alzheimer's disease from within the Office of the Director, NIA. It will also develop, and participate in the development of, national and international meetings of Alzheimer's disease research; collaborate with other Federal and State agencies, private foundations, and scientific and professional organizations.

b. Alzheimer's Disease Patient Registry

The goal of the Alzheimer's Disease Patient Registries (ADPR's) is to determine the long-range feasibility of a national Alzheimer Disease Patient Registry. The six pilot ADPR's, initially funded in September 1986, are investigating refinement of diagnostic criteria and more precise determination of the public health burden of the disease. An important goal is further investigation of methods for assessing possible risk factors which may eventually lead to unraveling the etiology of the disease.

c. National Alzheimer's Disease Education Center

The Title IX of Public Law 99-660 directed NIA to establish a clearinghouse on Alzheimer's disease to gather, maintain, and disseminate information about Alzheimer's disease; and to publish an annual summary of this information. The law also required the NIA to establish a computerized system to collect information on programs and services offered by State and local governments, and by the private sector; to translate scientific and technical findings into lay language and make such information available to the public; and to establish a toll-free hotline to make information available upon request.

To accomplish these objectives, the NIA has initiated steps to establish a national Alzheimer's Disease Education Center. In 1987, the NIA awarded a contract to assess the needs of the American public for information on Alzheimer's disease. A national planning conference, to be held early in 1988, will bring together scientific, health care, social service and lay experts in this field. The ultimate goal of the Center will be to provide accurate, timely information on Alzheimer's disease, its consequences, potential treatments, new research, and services available to Alzheimer's disease patients and their families.

6. Research on Alzheimer's Disease Supported by the National Institute of Neurological and Communicative Disorders and Stroke (NINCDS)

a. More Advances in Molecular Genetics

One of the most intriguing recent discoveries in Alzheimer's disease research comes from the NINCDS laboratories of Dr. Dmitry Goldgaber and Nobel laureate, Dr. D. Carleton Gajdusek. With their collaborators from the National Cancer Institute, the NINCDS scientists reported cloning a normal human gene involved in making amyloid, the substance found in high concentrations in the neuritic plaques of the brains of Alzheimer patients, and mapping the gene's location to human chromosome 21. These reports opened the search for a genetic defect that could predispose people to Alzheimer's disease. Finding such a defect might lead to a diagnostic tool for identifying people at risk for Alzheimer's.

A study by another NINCDS scientist, Dr. Ronald Polinsky, has shown that chromosome 21 is involved in Alzheimer's disease. This year, he and other United States and European scientists reported finding several families in which Alzheimer's disease is caused by an autosomal dominant gene defect; the defect was traced to chromosome 21.

Detailed family trees developed by an NINCDS grantee, Dr. Nancy S. Wexler, at the Hereditary Disease Foundation in Los Angeles, have been used to develop markers for chromosome 21. Originally compiled to trace Huntington's disease in Venezuela, these pedigrees have served as a standard reference to chromosome 21 genes. The markers developed will make it possible fntists to examine more accurately the relationship between Down's syndrome and Alzheimer's disease.

b. PET Studies

Positron emission tomography (PET) is a technique that depicts the dynamics of glucose metabolism in the living brain. Guided by PET images, Dr. Thomas Chase has been able to divide patients with primary degenerative dementia into two groups based upon the location in the brain of the metabolic deficiency: anterior dementia and posterior dementia. He found that anterior dementia, which is less common and is characterized by prominent personality and social or behavioral changes, may overlap with another neurologic disorder, Pick's disease.

Also drawing on information gained from PET studies, Dr. David Kuhl, an NINCDS grantee at the University of Michigan in Ann Arbor, showed that while the rate at which glucose is metabolized in the brain may be the same for patients with and without Alzheimer's disease, the pattern of metabolism is different. The studies of Drs. Chase and Kuhl add new elements to our understanding of the pathophysiology of Alzheimer's disease.

c. Risk Factors and Treatments for Alzheimer's Disease

One of the promising subsets of Alzheimer's disease research involves neurotransmitters such as acetylcholine, norepinephrine, and somatostatin have been linked with Alzheimer's disease. Dr. Thomas Chase recently reported findings that intellectual impairment corresponded to reduced levels of somatostatin in the cerebrospinal fluid of Alzheimer patients. He has begun clinical trials of the drugs clonidine, tetrahydroaminoacridine (THA), and a synthetic somatostatin (SMS) to replace or enhance the diminished neurotransmitters norepinephrine, acetylcholine, and somatostatin.

According to one theory, Alzheimer's disease may result from a loss of trophic factors, which are naturally occurring substances that help nerve cells make and maintain appropriate connections. Dr. Bruce Wainer is studying the role of trophic factors in Alzheimer's disease at the University of Chicago. He has found in tissue culture that one of these factors, nerve growth factor, can prevent the degeneration of certain neurons in the brain after they have been damaged. Further research may point to a specific relationship between nerve growth factor and Alzheimer's disease.

B. UNDERSTANDING AGING

Knowledge of the underlying mechanisms of aging is critical in fulfilling the NIA's mandate to understand ". . . the aging process and the diseases and other special problems and needs of the aged." Proposed theories of aging have ranged from the concept of purely genetic control of aging to the concept of environmental assaults to organisms which culminate in death. Most experts now believe that aging is not explainable by a single mechanism, but represents many interactive biological, behavioral, and social processes.

1. Molecular Genetics in Aging Research

Molecular genetic techniques—such as recombinant DNA, gene cloning, and DNA sequencing—are increasingly valuable for investigations into the mechanisms of aging and the genetic basis for differences in aging. These techniques also provide an opportunity to isolate and identify genes responsible for the onset of age-related diseases, such as familial Alzheimer's disease.

An NIA-supported research program under Dr. Eugenia Wang at Rockefeller University in New York has led to the discovery of a protein called statin, which may be unique to nonreplicating, senescent cells. She found this protein using monoclonal antibodies to aged fibroblasts from human skin, and showed that it was absent in dividing cells. Her hypothesis is that statin may turn off other genes and thereby stop cellular division. She has begun to clone and sequence the gene for statin and will then study its regulation and the effect of statin on gene expression as part of the aging process.

In a related project, Drs. James Smith and Olivia Pereira-Smith at Baylor University in Houston, TX, have recently shown that certain RNA molecules which appear in aging human fibroblast cells in culture have the ability to block the initiation of DNA synthesis when injected into young human cells in vitro. The investigators are using recombinant DNA technology to construct a DNA "probe" complementary to such RNA's, and then to screen a "library" of normal human DNA, to find and clone the genes which code for these senescence-specific RNA's. Their goal is to prove that the RNA, or its encoded protein, does in fact block DNA synthesis and initiate senescence.

In the area of genetic disease research, Dr. George Martin and his colleagues at the University of Washington in Seattle are studying Werner's syndrome, an inherited disease in which young adults appear to age prematurely, as if they have a defect in a gene which regulates normal rates of aging. Recombinant DNA techniques allow the insertion of normal human genes into Werner's patient cells, to "cure" their growth defect, and allow the isolation and characterization of the Werner's gene.

At Stanford University in Stanford, CA, Dr. Paul Berg and co-workers are trying to isolate the human genes which cause xeroderma pigmentosum or Fanconi's anemia. These genetic diseases are somehow defective in repair of damage to DNA. Patients get specific cancers induced by sunlight or DNA strand cross-linking agents; they also show signs of premature aging.

At the University of Colorado and the Eleanor Roosevelt Institute for Cancer Research in Denver, Dr. David Patterson is using DNA fragments to study human chromosome 21. His goal is to locate genes for the synthesis of purine bases in DNA and the gene for the amyloid beta protein which accumulates in the brains of patients with Down syndrome or Alzheimer's disease; duplication and loss of regulation of such genes may play a role in senile dementia.

The NIA intramural Laboratory of Molecular Genetics (LMG) is pursuing a wide variety of research using advanced molecular genetics techniques. Intramural scientists are attempting to clone genes differentially expressed with aging. They are also searching for genes that inhibit cell growth in cultured human fibroblasts, and studying age-dependent changes in the immune and endocrine systems at the molecular level to determine both if and how gene expression alters with age. Other projects include examination of age-dependent changes in DNA repair and neoplastic transformation, and identification of possible enzymatic activity linked to age-related disorders such as Alzheimer's and Huntington's diseases.

Living organisms are constantly bombarded with agents (e.g., chemical inhalation or ingestion, ultraviolet radiation, etc.) which damage DNA. A defect in the ability of cells to repair DNA damage has been suggested to play a role in the aging process. Using recombinant DNA techniques, LMG scientists have developed a highly sensitive assay (more than 10 times more sensitive than previously available assays) for assessing DNA damage. Application of this technique to compare DNA damage in cells of young and old individuals should provide new insight into the role of DNA damage and repair in the aging process.

Important changes in an organism are often brought about by the turning on and off of certain key genes. Using DNA cloning technology, NIA scientists have identified several mouse genes that are switched with age. Another intramural project focuses on a protein factor, found in non-dividing cells such as those aged in tissue culture, which may be able to shut off the growth of cancer cells. Researchers using DNA cloning technology have identified a set of genes, one of which is likely to encode this protein. These studies may provide further insights into aging, age-related disease, and cancer.

2. Biomarkers of Aging

The concept of biomarkers rests on the assumption that the passage of time is only indirectly related to physiological age. Different individuals, and different organs and organ systems within individuals, age at different rates. Biomarkers would thus be measures which could be obtained in a small portion of the lifespan, which would accurately reflect the rate of physiological aging.

The groundwork for biomarker research was laid in June 1981, when the NIA held a workshop that examined a number of biologic and behavioral functions that alter with age. The main product of this workshop was an extensive list of potential biomarkers (animal and human), together with descriptions of their theoretical bases. The NIA, in collaboration with the National Center for Toxicology Research, is currently developing a colony of three mouse genotypes and three rat genotypes, maintained with and without calorie restriction, as a resource for rodent biomarker development. A Request for Applications was issued in 1987 which should lead to a series of grant awards for biomarker research by the middle of fiscal year 1988. The older animals from the biomarker colony will become available at approximately the same time.

3. Neurobiology of Aging

The brain hippocampus plays a critical role in learning and memory, and the cognitive impairment arising from hippocampal damage are considerable. In the rat, hippocampal neurons are lost as a normal aspect of aging. In man, the hippocampus is a consistent and primary site of damage in Alzheimer's disease, global ischemia following cardiac arrest, chronic grand mal seizures, or alcohol toxicity. A central challenge of cellular neuropathology is to understand the mechanisms of neuron death.

Recent work by Dr. Robert M. Sapolsky of Stanford University suggests that steroid hormones (glucocorticoids) play a significant role in damaging the hippocampus. In the rat, basal circulating glucocorticoid concentrations rise with age, and removal of the adrenal glands (adrenalectomy) at mid-age prevents senescent hippocampal degeneration. Furthermore, prolonged exposure to glucocorticoids accelerates hippocampal neuron loss. Glucocorticoids appear to damage the aging hippocampus by decreasing the capacity of neurons to survive varied metabolic challenges which would normally be sublethal. Thus, the severity of hippocampal damage produced by insults such as hypoxia-ischemia, excitotoxins, or antimetabolites is enhanced in rats exposed to elevated glucocorticoid concentrations and attenuated by adrenalectomy.

These findings suggest that glucocorticoids may destroy nerve cells in the hippocampus. Studies are continuing on the role and mechanisms of glucocorticoid-induced damage in the aging hippocampus.

4. Neuropsychology and Cognitive Psychology of Aging

Psychological and psychobiological mechanisms and processes mediating sensory, perceptual, and cognitive processes change over the adult life course. Older people often complain of visual problems under reduced lighting. To address this issue, Dr. Cynthia Owsley and her colleagues at the University of Alabama in Birmingham used contrast sensitivity techniques to measure older adults' ability to see patterns under several levels of ambient lighting, and compared their performance to that of younger adults aged 20 to 33. At all light levels, older adults sensed contrast less well than younger adults. This age-related loss worsened with decreasing size of target and level of lighting, and could not be explained fully by the smaller pupils of older observers. Together with other findings, these results suggest that age-related deficits in the central nervous system may underlie the loss of sensitivity to visual contrast, especially under low light.

In the area of cognitive aging, it has been found that age-related decline in spatial memory is not necessarily a characteristic of aging *per se*, but rather results from the combined effects of age and task. Dr. Eugene Gollin at the University of Colorado, Boulder, compared the spatial memory of young and old adults under two conditions: One in which common objects were displayed on a map, and one in which the objects were displayed in the actual environment (a large room) represented by the map. In the map condition, the older adults showed lower spatial memory than did the young adults. However, in the room condition, the two groups were essentially equal. These findings suggest that spatial memory of older people may be considerably better in the visually distinctive surroundings of their everyday lives than has been previously indicated by many laboratory and clinical tests.

5. Baltimore Longitudinal Study on Aging

The Baltimore Longitudinal Study on Aging (BLSA) is a unique resource to study human aging. The study population is a group of community-dwelling men and women ranging from 20 to 95 years of age. The volunteer subjects, who are enrolled for their lifetimes, return to Baltimore every 2 years for re-evalaution. BLSA participants are intensively studied for physiological and behavioral changes; patterns of age changes are identified; mechanisms underlying the changes are elucidated; disease/aging interactions are evaluated; and normative standards as influenced by age are defined.

NIA intramural scientists are making major contributions to our understanding and the description of changes in sensory functions over time. A 15-year study of the BLSA subjects has documented longitudinal age changes in hearing thresholds for the first time. Earlier research conducted in other laboratories showed that older individuals, especially males, often have difficulty discerning high-pitched sounds. The more recent BLSA findings show that this "normal" hearing loss occurs over the entire frequency spectrum. The changes result in part from degenerative changes in the inner ear and are modulated by differences in factors such as exposure to noise.

Visual acuity is also being studied. In general, most people experience some decline in visual perception after age 40. During a 14-year testing phase, BLSA participants ranging in age from 20 to over 80 were tested at least 7 times with a Titmus testing device (similar to those used for driver's license tests). The findings suggest that modest declines in visual acuity occurred across the entire age spectrum for subjects with both corrected and uncorrected vision. Most major changes, however, were seen in males who were in their sixties and seventies when first tested.

6. Immunology and Aging

It is widely believed that many afflictions which increase with age—heart and lung diseases, cancer, acute infections, and arthritis, for example—are related to defects in the mechanisms that regulate immune function. Dr. Keith Kelley and his colleagues at the University of Illinois, Urbana, have successfully implanted pituitary tumor cells in aged rats and demonstrated for the first time that thymic atrophy and associated loss of T-cell function that occur with age are reversible. Specific improvements included growth of a full-sized thymus, normally found only in younger animals; a greater proportion of certain disease-fighting cells; and spleen cells that are two to five times as prolific as those in untreated animals. These data provide new insights for understanding and perhaps preventing age-associated decline in immune function, and may offer strategies for bolstering immunity in individuals whose immunity is compromised by such diseases as AIDS.

It has long been thought that certain parameters of immunity decline with age, but few long-term studies have been conducted to assess the relation between declining immunity and mortality. NIA researchers studying Baltimore Longitudinal Study on Aging participants have now found a marked decline in the number of lymphocytes, beginning 3 years prior to death. Lymphocytes are white blood cells that form in lymphoid tissue, for example, in lymph nodes, thymus and tonsils. In healthy individuals, they help regulate the immune system with an ability to recognize foreign substances (e.g., viruses) and reject or destroy them. The decline in lymphocytes was not associated with age at time of death, or with cause of death. According to the NIA scientists, the most likely explanation for the decline is some triggering event that causes physiological stress, which in turn affects lymphocyte numbers.

NIA intramural scientists have also found that expression of two immune response genes, interleukin 2 (a lymphocyte hormone necessary for T lymphocyte function) and the receptor for interleukin 2, are significantly decreased on older adults relative to young adults. The proteins encoded by these genes are known to play a key role in the immune response, thus making it likely that their lowered expression contributes significantly to the decreased immune competence seen in older people. Current intramural studies are underway to explore various means of enhancing the expression of these two important T cell genes.

7. Epidemiologic and Demographic Studies

Many of the processes formerly thought to be totally due to aging are at least partially due to disease or environmental factors. The four NIA Established Populations for Epidemiologic Studies of the Elderly (EPESE), including the North Carolina study which is designed to include more than 50 percent older black persons, are likely to provide important insights into both demography and disease in older people, as well as an understanding of successful aging.

The four EPESE sites continued with their data collection in 1987. The North Carolina site completed its initial baseline interviews, while the other three sites (East Boston, MA; Iowa and Washington Counties, IA; and New Haven, CT) moved toward completion of the sixth annual contact with study participants. Mortality information is now complete for the first 4 years of the study for the latter sites, and data tapes containing the results of follow-up face-to-face interviews have been received.

Diminished vision and hearing are major problems for older persons and often contribute to a loss of independence. An appearance of cognitive loss, physical inactivity, or social withdrawal may occur with the loss of vision or hearing. Results from the baseline survey of the ESESE report that distant and near visual function falls sharply after age 85. The rates for not being able to hear a normal voice are two to three times higher among those aged 85 and older than for those aged 75 to 84. Approximately one-quarter of the oldest-old living in the community cannot recognize a friend across the street. The rates for the inability to read a newspaper are equally high. Both these rates are slightly higher for women than men.

A followup study of the participants in this research related the number and type of health problems and impairments with mortality and nursing home admissions. The study showed that the presence of an impairment (i.e., vision or hearing loss) in conjunction with health problems, such as hypertension and other cardiovascular and cerebrovascular disease, is associated with higher mortality and nursing home admission rates than the presence of the health problem without the impairment.

C. STRATEGIES FOR PROMOTING HEALTH AND EFFECTIVE FUNCTIONING

Research is now documenting social and behavioral risk factors for morbidity and mortality in old age, identifying previously neglected health concerns and behavioral problems in community-dwelling older people, and evaluating the impacts of socio-behavioral and environmental interventions on the health and effective functioning of older individuals.

1. Health Attitudes and Health Behaviors

Health diaries of daily symptoms and behavioral responses, kept by participants in one NIA-supported study, are providing deeper understanding of the day-to-day dynamics in older persons' symptom recognition, evaluation, and action. The diaries show that older people experience significant amounts of symptomatology (at least one symptom daily), but that relatively few symptoms are brought to professional attention. Another study showed that lay perceptions of the seriousness of symptoms are not always consistent with professional definitions. For example, respondents who had experienced flu symptoms were more likely to consider them serious than such danger signals as chest pains, abdominal pains, and shortness of breath. This would indicate a need for health education directed toward common symptoms experienced by older people.

Psychological distress emerges as a strong predictor of a number of perceived physiological symptoms. It is most closely associated with reports of such symptoms as nervousness, feeling faint, getting up in the morning exhausted even after sufficient sleep, persistent tiredness, and repeated indigestion. It is not yet clear whether people who are emotionally upset or anxious are more likely to experience bodily changes and interpret them as symptoms, or whether illness symptoms prompt psychological distress.

Gender, education, and perceived personal control are more consistently related factors than is age to the adoption of "healthful" lifestyles. In an analysis of perceived determinants of preventive health behaviors, using the National Survey of Personal Health Practices and Consequences conducted by the National Center for Health Statistics, no clear association of age with health practices was found. Gender (being female) and more years of education were consistently associated with a tendency toward avoidance of deleterious health practices. Greater perceived control over future health was related to more favorable health practices—with the relationship strongest among people already in better health.

The social context in which older people live also influences morbidity and mortality. New research indicates that older people who experience a decline in the number and frequency of contacts with close friends and relatives are at higher risk of death than those who had not experienced such a decline. This proved true independent of changes in the health status of the individual.

2. Nutrition

In 1987, the NIA took steps to expand its program on nutrition and aging. The foundations of the program are built on studies designed to define the nutritional requirements for good health in older people; determine how dietary deficiencies are associated with depressed immunity, depressed cognitive function, or overt metabolic disease; and how eating behaviors change with age.

Experimental studies in rodents during the past 50 years have established that the aging process is slowed by dietary caloric restriction. Although many strategies (drugs, hormones, dietary supplements, exercise, and surgery) have been tested for anti-aging effects in animals, only dietary restriction appears capable of retarding aging. The precise way by which caloric restriction affects aging remains unknown.

At the University of California at Los Angeles, NIA grantees Dr. Roy L. Walford and Dr. Richard Weindruch have found that the activity of a particular enzyme—catalase—increased 50 percent in livers from mice maintained on restricted diets. Because catalase is involved in removing free radicals (molecules with unpaired electrons) from the body, this suggests that if free radical damage is involved in aging, it may be a particular kind of damage that can be partially prevented by a selective increase in catalase activity. In a cooperative study with Dr. Donald K. Ingram at the NIA Gerontology Research Center in Baltimore, a restricted diet was shown to prevent age-related declines in motor coordination and learning. Dietary restriction studies are continuing to yield a clearer understanding of biologic changes associated with longevity and, hopefully, will lead to ways to optimize the human diet.

With the increasing concern about the nutrition of older persons, a greater interest in research on chemosensory functioning (taste and smell) has developed. An understanding of changes in sensory perceptions may lead to methods for improving food palatability, taste, and preference, and to an improvement in the diet and nutrition of older people.

Research conducted by Dr. Claire Murphy and her colleagues at San Diego State University revealed significant chemosensory changes with age. Study participants aged 65 and over found salt and sugar pleasanter at higher concentrations than younger subjects. At all concentrations, the older participants rated salt less unpleasant than young and middle-aged participants. Pleasantness ratings for sucrose were also significantly higher for older than for middle-aged subjects, but not for young subjects. The causes or influences related to taste preferences are not yet determined; however, the fact that shifts do occur over a lifetime can result in altered food preferences among older people.

Recent studies by Dr. Judith Wortman at Massachusetts Institute of Technology have focused on the effect of nutrient imbalance on brain function and neurotransmitters. The subsequent effects on behavior, mood and appetite may have practical application for improving the health and well being of older people. Ingestion of carbohydrate-rich foods have been shown to have a positive effect on mood. Insulin which is released in response to sugars and other carbohydrates aids tryptophan, an amino acid, to reach the brain where it accelerates the synthesis of serotonin, which is known to moderate mood state and appetite. These effects may explain which some people, including many older people, report an increased desire for carbohydrate-rich foods.

These findings have special implications for dietary advice for aging persons, since response to insulin decreases in many older people and some starches and other carbohydrates elicit more insulin response than some sugars. The potential risk for hyperglycemia (associated with diabetes mellitus) and obesity, and the potential benefit of improving mood and feelings of well being, must be further evaluated before definite dietary recommendations can be made.

Dr. Maradee Davis and her colleagues at the University of California at San Francisco have found that living arrangements and economic status affect the dietary behavior of older people. Approximately 3,500 adults over the age of 55 took part in the study. The sample was divided by sex, living arrangement, and economic status. Forty-eight percent of the women in the sample lived with a spouse, compared to 80 percent of the men. The men who did not live with a spouse were fairly evenly distributed between living alone and living with someone other than a spouse. Proportionately more women than men who did not live with a spouse were living alone. More persons living alone were below the poverty line than those in the other two living arrangements. Women living alone had the highest proportion of people below the poverty line (40 percent).

The study showed that those who live alone or with someone other than a spouse tend to be at greater risk of poor nutrition than those living with the spouse. Men and women with incomes below the poverty line and living alone had the highest proportion of people with a calorie count less than two-thirds of the Recommended Daily Allowance (RDA). The study also found that more older men living alone have inadequate diets than women living alone, and that men's diets tended to have less variety compared to their female counterparts. The most consistent finding was the favorable dietary pattern of those living with a spouse, observed for both men and women.

A workshop on Hypochlorhydria, co-sponsored with the National Institute of Diabetes and Digestive and Kidney Diseases and the Tufts Human Nutrition Center on Aging, was held in September 1987. Hypochlorhydria is suspected of being a common source of malnutrition in the older population. The conference addresses such issues of prevalence, level of debilitation, case definitions, etiology, and physiological consequences of the disease. The NIA has also announced a call for conference proposals on nutritional and metabolic factors in relation to aging. These conferences will be held late in 1987 with printed conference proceedings to follow in from 3 to 6 months. The conferences will identify specific directions for research on nutrition and aging, with emphasis on new multidisciplinary approaches.

3. Hip Fractures, Osteoporosis, and Falls

Bone fractures are a major cause of disability and death in older persons. The majority of these fractures are caused by bone loss that produces osteoporosis, a degenerative condition resulting in weak, easily fractured bones. Hip fractures in particular represent a serious concern for older people; 84 percent of the more than 200,000 hip fractures that occur annually in the United States are in persons over age 65. Twenty percent of those suffering a hip fracture die within one year of the fracture. Of those who survive, approximately 50 percent eventually require institutionalization.

Two distinct types of osteoporosis have been identified. Type I (postmenopausal) osteoporosis most often affects women within 15 to 20 years after menopause, and is attributed to estrogen deficiency, Type II (senile) osteoporosis affects both men and women, usually begins around age 35 to 40, and is associated with the loss of both trabecular (spongy) and cortical (solid) bone. Type II osteoporosis, which typically becomes clinically significant beyond age 70, is the primary cause of hip fractures in persons age 70 and above.

The mechanisms responsible for Type I and Type II osteoporotic fractures were analyzed by Dr. C. Conrad Johnston, Jr., and associates at Indiana University School of Medicine in Indianapolis. They examined men and women with vertebral crush fractures (mean age 65.1) and with hip fractures (mean age 83.6) and found significant differences in bone volume. Patients with vertebral fractures had less trabecular bone than was normal for persons their age, but patients with hip fractures had a similar amount of cortical and trabecular bone as other persons the same age. Thus, Type I and II osteoporosis fracture syndromes appear to have different properties. Postmenopausal crush fractures occurred in women who either had insufficient trabecular bone at maturity, or had lost an excess amount of trabecular bone after menopause. On the other hand, hip fractures occurred in very old people and seemed to be caused by an overall loss of bone with age. Additional factors that may determine who among persons with low bone mass will develop a fracture are disease (e.g., osteomalacia) and trauma, such as a fall. (See also Section III.B.)

Drugs often have a sedative effect that can produce psychomotor impairment or othostatic hypotension (a fall in blood pressure when standing up). Recent research indicates that use of psychotropic drugs—including antihistamines to relieve allergies, antidepressants, and strong tranquilizers—by older persons increases the risk of sustaining a fracture, and that fracture risk increases relative to the increase in drug dose. These findings do not prove a direct cause-and-effect relation, but suggest that physicians prescribing psychotropic medication for older patients would be advised to prescribe the lowest dose for the shortest period of time in order to reduce the chances of a fall.

Research on cortical bone loss in men was the focus of NIA intramural research with subjects from the Baltimore Longitudinal Study on Aging (BLSA). Investigators analyzed patterns of bone loss in male participants of the BLSA between 1958 and 1981. The findings showed that the men lost about 14 percent of their cortical bone over their adult life span, at the rate of approximately .02 millimeters each year. The ages during which bone loss was most accelerated were from 45 to 69.

A followup study to the National Health and Nutrition Examination Survey (NHANES) I, has revealed that simple measures of body size and composition may be better predictors of hip fracture in white women than calcium intake or smoking history. While low body weight has long been associated with increased incidence of hip fractures, the new findings suggest that a better predictor of hip fracture is the body mass index, a measure which reflects the amount of body fat and muscle relative to a person's frame size.

Two specific indicators of fat and muscle, i.e., triceps skinfold thickness and calculated arm muscle, when considered collectively, were even better indicators of fracture risk than was relative weight. Subjects with low measurements were twice as likely as those with higher muscle mass and body fat to experience a hip fracture. Additionally, a low level of recreational exercise was a strong predictor of the risk of hip fracture. While body fat, muscle mass, and physical activity were associated with one another, each independently influenced the risk of hip fracture. This influence was not explained by differences in calcium consumption or smoking.

The relationship between these anthropometric variables and hip fracture risk is not yet fully understood. It may simply indicate that a person is in poor general health or has poor muscular strength which predisposes them to fall more frequently. It is, however, also consistent with the view that extra weight plus the separately established positive effects of weight-bearing exercise on bone density are the explanation.

4. Drugs and Drug Side Effects

Preliminary data from a study conducted by Dr. Pearl German and colleagues at the Johns Hopkins University has shown that the 740 participants, all over age 60, were taking an average of 6.1 drugs simultaneously, 4.9 of which were prescription. At least 25 percent of the study's population reported at least one verifiable side effect from a drug. The extensive use of drugs is not surprising, considering that in the entire population of persons over age 65, 86 percent have at least one chronic condition.

Understanding the aging process and its possible physiological changes is an important prerequisite for physicians who routinely prescribe drugs for older people. Certain drugs run a different course in older than in younger persons, thereby enhancing the chance of an adverse reaction. For example, many older people exhibit a decline in renal function, causing slower excretion of certain drugs. This may result in a drug buildup in the bloodstream and potentially serious toxicity. It should be noted that there is wide variation in renal function, with one-third of study participants showing no change with age. This finding stresses the need to prescribe drug dosages on an individualized basis.

Better communication between physician and patient about drugs and their possible side effects is urgently needed. Only 8 percent of the study participants said their physician had discussed possible side effects with them, but 42 percent of their doctors said that they had done so. Moreover, patients frequently attributed possible side effects, including aches and pains, to "normal" aging rather than to their drugs. About 25 percent said they had not been told the purpose of the drug they were prescribed, and 47 percent said their physician had not followed up to ask of the prescribed medication had modified or eliminated the problem. What is not clear is whether this reported lack of follow-up is actually occuring, or whether physicians are unobtrusively monitoring drug side effects or conveying information that is not understood or recalled by the patient.

5. Minority Aging

In 1986, the NIA issued a program announcement aimed at increasing research support for studies in the area of minority aging. The announcement called for planning activities and preliminary research which would ultimately lead to large scale research projects on biomedical and behavioral aspects of minority aging. As a result of this announcement, four awards were made. The awards focus research emphasis on such areas as:

—Health behavior and factors related to the well-being of older Asian Americans
—Selected characteristics of aging black persons who have both hypertension and diabetes, including biomedical, clinical, behavioral, and socio-economic characteristics, and patterns of health care utilization
—Examination of health perceptions, behaviors and outcomes among blacks aged 65 and older, with special emphasis on hypertension, diabetes, and arthritis
—Clarification of the relationship between functional levels and the presence of specific clinical conditions in older minority populations

These projects will be carefully monitored and assistance will be provided to the investigators to aid in preparation for larger scale projects following the initial year of planning and pilot research.

The NIA is also currently supporting a longitudinal study of persons aged 65 and older living in the central piedmont section of North Carolina (see Section II.B.7). This specific geographical area offers a unique opportunity for studying the health status—as well as related social, economic, and cultural factors—of the older black population in a setting where there is a high representation of both rural and urban non-whites and a complete range of socio-economic status. Major chronic conditions of the black population are being investigated. The baseline home visit has been completed and telephone follow-up is planned in the coming year.

6. Hyposmia: Loss of Ability to Smell

Hyposmia, or the loss of ability to smell becomes more common with age, thus jeopardizing the safety of older persons who cannot detect smoke or other noxious odors. The rate of impairment has been reported to be as high as 60 percent among persons over age 65. A diminished sense of smell may contribute to the high rate of injuries among older people due to fire—a rate 16 percent higher than the national average according to the National Fire Protection Association. One NIA grantee studying this problem found that one-third to one-half of study participants could not detect ethylmercaptan (EM), the warning agent added to propane gas, at the levels normally used for household consumption. Older people require EM concentrations 10 times higher than younger people to detect the agent, and even higher concentrations before they can accurately identify it. This important finding has been disseminated to fire prevention organizations.

7. Arthritis and Aging

Most adults over age 60 are affected by osteoarthritis (OA) a degenerative disease of the cartilage of joints, which produces stiffness and pain in the fingers and in weight-bearing joints (such as the knees, hips, and spine). This condition seriously limits the ability of many older persons to continue daily activities.

Although the most prominent factor correlated with OA is age, it is not at all clear to scientists that age is a cause of OA, or even that age-related changes in joint tissue predispose persons to developing OA. Only limited information is yet available regarding the mechanisms responsible for this condition; however, the mechanisms are likely to involve the cumulative effects of trauma to the joints, as well as possible genetic differences in susceptibility to metabolic and endocrine factors acting over the life span.

As part of an NIA Teaching Nursing Home grant, Dr. David Hamerman at Albert Einstein College of Medicine in New York has developed a noninvasive screening instrument to detect OA. The instrument measures the amount of pressure that can be withstood before causing pain, and is used to make clinical assessments of OA in persons over age 75 who live in nursing homes. In a different group of subjects with diagnosed OA, Dr. Hamerman is analyzing their synovial fluid (the clear fluid found in joints) for factors that may contribute to the breakdown or repair of articular structures (or junctions) in the joint. These experiments will attempt to clarify the mechanisms responsible for the disorder and perhaps to identify a "marker" that may be used to establish the presence, or the rate of progression, of the disease.

8. Hypertension

Cardiovascular disease is still the leading cause of death among older age groups who have hypertension (high blood pressure) have an increased chance of having a stroke or heart attack. In view of the projected increase in the number of older people in this country, hypertension is a topic of considerable concern.

The NIA and the National Heart, Lung, and Blood Institute are co-funding the Systolic Hypertension in the Elderly Program (SHEP). This program is a 17-center clinical trial which will help researchers determine, among other things, whether antihypertensive therapy for isolated systolic hypertension reduces the incidence of strokes. Participants in the study were randomized to chlorthalidone (a long-acting diuretic) or a matching placebo as the first step of therapy. Patients not controlled in the first step have atenolol or reserpine added to their drug regimines. Approximately 4,600 to 4,700 patients will be monitored over a 5-year period, with a final study results expected to be available about 1991.

The SHEP study may also determine the effects of treatment on patients with dementia, particularly Alzhemier's disease and multi-infarct dementia. Multi-infarct dementia, which accounts for 25 to 30 percent of all dementias, may be reduced by treating high blood pressure.

The NIA is also supporting studies which are examining the relationship between various nutrients and blood pressure, including calcium and polyunsaturated fats. While it is theorized that an increase in calcium intake may lower blood pressure, the results of these studies are inconclusive at this time.

9. Diabetes

There is an increase in body fat and often an increase in insulin resistance with age in both rats and humans. At Washington University in St. Louis, recent studies by NIA grantee Dr. John O. Holloszy examined the relationship of insulin resistance to obesity and aging. The study was conducted in rats to determine if the development of insulin resistance was due to obesity rather than the aging process. The study compared three groups of rats at 12 and 28 months of age.

An exercise group was given access to running wheels at 6 months of age. A second group of sedentary free-eating rats was obese. A third group of sedentary rats was restricted in dietary caloric intake to maintain body weights similar to the exercised rats. The fat cells of the obese rats were large and extremely insulin resistant. The runners' fat cells were smaller and had a greater responsiveness to insulin than those of the sedentary free-eating rats. Sedentary rats that were food restricted had fat cells that were intermediate both in size and insulin responsiveness relative to those of the obese and exercising rats. There were no significant differences in fat cell size or insulin responsiveness between the adult (12 month) and old (28 month) rats in the same treatment groups. However, in both young and old groups a close correlation existed between fat cell size and responsiveness to insulin.

Dr. Holloszy concluded that, in rats aging alone has little or no effect on the responsiveness to insulin of fat cells and that insulin resistance in older rats is due to increased cell size rather than aging. His findings also suggest that exercise is protective in preventing an increase in fat cell size and insulin resistance in rats.

10. Digestive Diseases

Digestive disorders cause more hospital admissions than any other group of diseases, and are mot common in middle-aged and older people. Through grant-supported studies, the NIA is attempting to learn more about the normal effects of aging on the gastrointestinal (GI) tract, including nutrient digestion, absorption, utilization, and excretion; absorption of drugs in the GI tract; and the effect of exercise on the functioning of the GI tract with age. Another focus of research is the study of specific diseases and syndromes of the GI tract common in old age.

One digestive disorder that is being studied by NIA-supported grantees is hypochlorhydria, a decrease in acid secretion in the stomach. The incidence of hypochlorhydria increases with age and is commonly associated with chronic atrophic gastritis. There is increasing research interest in this disorder because it can also play a role in nutrient malabsorption, bacterial overgrowth in the small intestines, and possibly gastric cancer.

Dr. Richard H. Reuning, an NIA grantee from Ohio State University in Columbus, has recently completed a 3-year study of the effects of hypochlorhydria and intestinal bacterial overgrowth on the ability of body tissues to absorb or use digoxin in older people. Digoxin is the most frequently prescribed drug for the treatment of congestive heart failure. A small group of volunteers, all over age 65 and many of whom had hypochlorhydria, were given digoxin at levels usually recommended for patients with congestive heart disease. Urine samples from these patients were tested 12 to 21 days after treatment to determine the effect, if any, of hypochlorhydria on the breakdown and utilization of digoxin.

Study results showed more variability in the breakdown and excretion of digoxin than would be predicted by classical pharmacokinetic theory. When the results of the urinary examinations for concentrations of digoxin were plotted, Dr. Reuning noted an irregular pattern of peak concentrations. While blood samples were not tested, he believes it likely that similar analysis of such samples would also have revealed an irregular pattern of drug concentrations. Currently accepted guidelines for monitoring blood levels of digoxin in treated patients recommend taking blood samples between 6 and 24 hours after a dose. These sampling times may not be optimal if these irregular patterns of peak concentration are common in older patients.

Incomplete bladder empting in older people is common and, in theory, could explain the irregular patterns of peak drug concentrations in the urinary samples tested. To determine if this was the case, Dr. Reuning plotted urine volume rates for each patient and compared them to the plots for digoxin concentrations. He found that in a few cases the irregular pattern of drug excretion could be explained by incomplete bladder emptying; in other cases the volume or rate of urine excretion was not a factor.

Because of the small number of patients in this study, it is not clear that this unexpected variability can be attributed solely to hypochlorhydria. However, other explanations for the unexpected differences between predicted and observed excretion rates, such as large fluctuations in clearance by the kidneys, seem unlikely. Thus, this study raises important questions about currently accepted practices for drug monitoring of digoxin serum concentration in patients.

D. TRAINING AND CAREER DEVELOPMENT IN GERIATRICS AND AGING RESEARCH

In response to the 1984 congressionally-mandated plan to improve and expand training in geriatrics and gerontology, the NIA has intensified its efforts to train investigators and educators in aging research. This is being accomplished through the development and implementation of a variety of new approaches to training and career development. The Geriatric Leadership Academic Award, the Complementary Training Award for Research on Aging, and the Co-Funded Institutional National Research Service award were first made in fiscal year 1985. More recently, the NIA has begun participating in the NIH Intramural Research Training Award (IRTA) Program and a Collaborative Academic Geriatric Training Program with the Johns Hopkins School of Medicine. The NIA has also issued a Request for Applications for a competitive award program entitled "Leadership and Excellence in Alzheimer's Disease." This award will allow established investigators in Alzhemer's disease research to develop outstanding junior biomedical investigators interested in working on dementias associated with aging.

The NIA has also begun a series of Summer Institutes aimed at the recruitment of new postdoctoral students into the field of aging research. The 1987 Summer Institute on Aging, co-sponsored by the NIA, the American Geriatrics Society, the Brookdale Foundation, the Charles E. Dana Foundation, and the Retirement Research Foundation, gave 40 new postdoctoral (both Ph.D. and M.D.) investigators an opportunity to learn about research on aging, to receive information about research support, and to discuss research ideas in small work groups. The NIA is planning similar activities in the future, perhaps focusing on indepth views of one research topic or particular discipline at a time.

The NIA Gerontology Research Center, located in Baltimore, MD, is a major setting for postdoctoral training of promising young investigators (both M.D.'s and Ph.D.'s) for research careers in biomedical and behavioral sciences related to aging research and geriatrics. Other NIA research and training efforts include the Special Emphasis Research Career Awards (SERCA) and the Teaching Nursing Home (TNH) Award. The SERCA supports scientists seeking careers in the study of nutritional and metabolic factors in aging and the study of behavioral geriatrics. The TNH supports research on clinical problems in nursing homes and other sites of long-term care for older people.

E. RESEARCH RESOURCES

1. Biological Resources

For the past decade, the NIA has worked to establish a reliable, stable supply of high quality, genetically defined rodents across the full age span to satisfy the basic needs of many NIA grantees conducting aging research. The supply of rodents is now assured into the early 1990's. A special colony was established in fiscal year 1986 to provide the central resource colony of inbred and hybrid rats and mice to be used in NIA-sponsored grants for biomarker development and testing. This strategy will ensure that a common pool of genetically defined, specific pathogen-free animals, raised on carefully defined and controlled diets, will be available for almost all NIA-supported biomarker research. This degree of standardization should resolve many of the uncertainties which currently exist in biomarker research because of the great variance in these factors between laboratories.

The NIA also supports, through co-funding with the NIH Division of Research Resources, a small group of aging primates at five Regional Primate Research Centers. Other research resources include a Caenorhabditis Genertics Center which supports the acquisition, storage, and distribution of *Caenorhabditis elegans* (a nematode species); and an Aging Cell Culture Repository. The purpose of the cell repository is to acquire, develop, charactrize, store, and distribute a cell cultures for gerontological research. It currently contains over 600 cell culture lines of particular interest to research on aging, including a large collection of cultures from individuals in families exhibiting a high incidence of Alzheimer's disease. The latter has been supported, to a large extent, by the National Institute of Neurological and Communicative Disorders and Stroke through a "Memorandum of Agreement" for co-funding of this endeavor.

2. Statistical Data Bases

In May 1986, the Directors of the NIA, the Bureau of the Census, and the National Center for Health Statistics convened a meeting to identify issues and opportunities related to aging statistics, and to increase the formal and informal collaboration among Federal agencies. The directors of 11 Federal agencies attened, as well as 55 additional participants and observers representing 42 Federal and non-Federal organizations.

These agencies called for more and better information on the older population in a number of epidemiological, demographic, and economic areas, including the utilization of services and projection of needs for services. They also noted the importance of bridging gaps, particularly the gap between health and socioeconomic data, of providing comprehensive and longitudinal data in certain areas, and of disaggregating published statistics beyond the age of 65. In addition, they recommended the need to improve coordination and collaboration among the agencies.

This meeting was followed in June by a Senate hearing on "Statistical Policy for an Aging America," and the establishment of a Federal Forum on Aging-Related Statistics by the NIA, the Bureau of the Census, and the National Center for Health Statistics (NCHS). The Forum is now meeting on a quarterly basis.

Through a series of Interagency Agreements with the Bureau of the Census and NCHS, the NIA has endeavored to foster the development of the data needed by researchers in the field of aging. This intitiative has been largely driven by the need to develop data resources for studies on the oldest old, for forecasting active and disabled life expectancies, and the need to develop reliable information on transitions between various states of independence and dependence and death. During the past year, three interagency agreements have come to fruition. Each of these culminated in the release of a publication that reports hitherto unavailable data on the older population.

The *Report on the Nation's Centenarians,* published by the Bureau of the Census and supported by NIA, was derived from data contained in the 1980 Census and Medicare files. *The Aging World,* also published by the Census Bureau, focuses on the international perspective. *Health Statistics on Older Persons* was prepared by the National Center for Health Statistics (NCHS) with support from NIA. This comprehensive report provides a data resource for researchers analyzing current health status and health care utilization, and projecting changes in need and use. The publication brings together for the first time data from various NCHS sources to give a profile of the health of the population aged 65 and older. Together, these three reports provide invaluable information about the older population in our society and in other cultures.

III. OTHER RESEARCH ON AGING SUPPORTED AND CONDUCTED BY THE NATIONAL INSTITUTES OF HEALTH

NATIONAL INSTITUTE OF NEUROLOGICAL AND COMMUNICATIVE DISORDERS AND STROKE (NINCDS)

Disorders of the nervous system that affect the elderly are a major concern of NINCDS. Among the most pervasive of these are Parkinson's disease, Alzheimer's disease (see Section II.A.6), and stroke.

Nearly half a million people in the United States have Parkinson's disease, and many are over the age of 60. Symptoms may include uncontrollable shaking, muscle rigidity, and loss of spontaneous movement. Life for the victims of Parkinson's disease becomes intolerably frustrating when simple actions—like lifting a fork or rising from a chair—can no longer be carried out at will. Isolation often compounds their frustration when incontinence, inaudible speech, or a masklike facial appearance further inhibit daily interactions with others.

In searching for better drugs for parkinson's disease and improved methods for delivering them, NINCDS scientists and grantees have opened several promising avenues. Building on his previous work, NINCDS scientist Dr. Thomas Chase this year tested the drug, levodopa methyl ester (LDME), in a portable infusion pump that continuously adminsters the medication intravenously. This technique relieved much of the "on-off" and virtually all of the "wearing-off" side effects that often accompany long-term use of levodopa, the drug that had been used in the early studies of the pump and is the most commonly prescribed medication for Parkinson's disease. LDME was found to be safer than intravenous levodopa, as well as more convenient. Because it lasted longer than the levodopa, patients did not have to return to the hospital as often for resupply. Future investigations will seek ways to decrease the cost and increase the convenience of the infusion pump.

Other investigators are now developing controlled-release formulas that would provide the beneficial effects of constant infusion with the convenience of oral medication. A controlled-release formula is a pill or capsule that steadily releases ingredients from within the body. NINCDS scientist Dr. Jorge L. Juncos and his colleagues this year reported reduced fluctuations in muscle control in patients using a controlled-release preparation of levodopa-carbidopa as compared to patients taking a standard preparation.

Along similar lines of investigation, NINCDS grantee Dr. Melvin D. Yahr at the Mount Sinai School of Medicine in New York City, looked at the effects of taking medications in various combinations. He found that adding deprenyl to an existing regimen of levodopa-carbidopa reduced the wearing-off side effect patients experienced while using levodopa-carbidopa alone. A large clinical trial to determine the effect of deprenyl on the course of Parkinson's disease is currently being supported by NINCDS.

One of the most controversial reports this year was of experimental surgery performed in Mexico. Dopamine-producing tissue was taken from adrenal glands of two Parkinson's disease patients and implanted into their brains. Dramatic improvements in both individuals were announced, and many hopeful patients began seeking this surgery. Most scientists, however, are urging caution. Long-term followup and further investigation on animal models are needed to tell the full story.

These observations in humans intensify the interest in ongoing animal-model studies that preceded the Mexican experiments. NINCDS scientist Dr. Irwin Kopin and his colleagues, in on-going studies continued from previous years, found that symptoms of chemically induced Parkinson's disease were reversed in monkeys receiving implants of monkey fetal brain tissue. The parkinsonian symptoms were also reversed in monkeys that received brain implants of dopamine-containing cells from their adrenal glands, but most symptoms returned later. Dr. Barry Hoffer, an NINCDS grantee at the University of Colorado Health Sciences Center in Denver, had similar results in experiments with rats.

Future studies will explore why there seem to be improvements following some surgical procedures, and how to perfect implant techniques which are efficacious for humans.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

The National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) conducts and supports research on the detection, treatment, and prevention of several diseases that affect the health of older Americans. Many of these are conditions that impair musculoskeletal function and prevent older persons from enjoying healthy and productive lives throughout their later years.

The NIAMS is responsible for research on diseases such as polymyalgia rheumatica, which occurs in people of the age of 50 and causes stiffness and severe aching. Many persons affected with this disease may develop a serious complication called giant cell arteritis, in which certain blood vessels become inflamed. Another area of interest is the chronic bone disease, Paget's disease, which occurs most frequently between the ages of 50 and 70, and causes bone deformities that can be disabling. Intensive studies also are being conducted on osteoarthritis and osteoporosis, two conditions that frequently accompany the aging process and affect millions of older people.

Osteoarthritis, a degenerative joint disease in which the cartilage of the knees, hip, and spine wears away, is a leading cause of disability and pain for older Americans. While the cause of this disease remains unknown, NIAMS-supported scientist Dr. Henry J. Mankin at Massachusetts General Hospital in Boston has had promising results in studies of the biochemical changes that occur in osteoarthritic cartilage. He found that cartilage tissue from older patients with osteoarthritis contained 4 to 6 times greater amounts of a protein that activates the breakdown of cartilage, compared to cartilage from older persons without the disease. This protein, known as collagenase activator protein (CAP), may operate as one of the primary biochemical events that underlie the deterioration of cartilage in osteoarthritis. This discovery provides scientists with a new lead in developing ways to stop or retard the disease process.

In other NIAMS-supported research, a team at Stanford University School of Medicine, Stanford, CA, investigated the effects of running on the development of osteoarthritis and other musculoskeletal problems in long-distance runners aged 50 to 72 years of age. Dr. James F. Fries and his associates found that, compared to nonrunners of similar ages, older runners did not accelerate their rate of cartigate destruction and of developing osteoarthritis. In fact, these older runners appeared to develop less musculoskeletal disability than did the nonrunning group. These results will be confirmed to assess the affects of running on the bones and joints of older Americans.

In osteoporosis, crush fractures in the spine are presumed to be due mainly to the loss of trabecular bone. To date, the scientific literature on the percentage of trabecular bone in the human spine has been sparse. Now, in the first study of its kind, NIAMS-supported researcher Dr. Robert P. Heaney at Creighton University in Omaha, NE, has found that the percentage of trabecular bone in the normal spines of older people is actually much lower than that reported previously in the scientific literature. This new knowledge enhances researchers' ability to accurately diagnose the loss of trabecular bone from the spine during the development of osteoporosis and to assess subsequent fractures in patients with osteoporosis.

NATIONAL CANCER INSTITUTE

1. PATTERNS OF CANCER CARE FOR OLDER PEOPLE

The National Cancer Institute (NCI) is supporting a comprehensive study on patterns of cancer care for older people. Findings from one of the studies, by NCI grantee Dr. Sheldon Greenfield and colleagues at the University of California, Los Angeles, and the Veterans Administration Hospital, Sepulveda, CA, indicate that physicians sometimes treat women with breast cancer according to their chronologic age, without regard for their physiological condition. This age bias (which begins at age 65, according to the investigators) may result in a less favorable outcome than could be achieved using currently recommended optimal therapy, and the lives of these patients may be needlessly shortened.

Coexisting major disease or poor functional status is the most critical factor in the legitimate reduction of vigorous treatment in older patients. Therefore, conditions other than breast cancer (e.g., diabetes or angina) that may have affected cancer management were also considered. Even when older patients were vigorous, healthy, and diagnosed with localized breast cancers, physicians were less likely because of the age of the patients to give them the benefit of optimal standard treatment.

2. CANCER OF THE PROSTATE AND BENIGN PROSTATIC DISEASE

Cancer of the prostate is the third leading cause of cancer deaths in men, following lung and colorectal cancers. The average age at diagnosis is 70 years. The incidence of a noncancerous enlargement of the prostate, called benign prostatic hyperplasia (BPH), also rises dramatically for older men, with 75 percent of all men over 50 years having some symptoms arising from BPH. About 20 percent of all men require surgery for BPH by the time they are 80 years old. BPH is the second leading cause for surgery in men, resulting in an estimated annual health care cost of over $1 billion in the United States.

The relation of these two common diseases of the prostate—BPH and cancer—is being investigated by NCI grantee Dr. Alan Morrison and colleagues at Brown University, Providence, RI, in a retrospective followup study of 6,000 BPH patients. The study participants were less than 75 years old when their BPH was surgically confirmed in Rhode Island hospitals between 1959 and 1970. Now, their prostatic cancer mortality rate is being evaluated and compared to that of Rhode Island men in general, of similar ages. Prostatic cancer incidence and mortality rates are being correlated with tissue and cell structure features of the benign disease tissues. Findings from this study will bear on the natural history of prostatic hyperplasia and the clinical prognosis of men with this condition.

3. RESPONSIVENESS OF PROSTATIC CANCER TO HORMONAL THERAPY

The dependence of prostate tumors on androgen (a class of male hormones including testosterone) was first documented in 1941. Since then, hormonal therapy consisting of suppression of androgen production in the testicles by chemical or surgical castration has been the treatment of choice for the 50 to 80 percent of prostatic cancer patients with evidence of cancer spread (metastasis) when first diagnosed. While most of these patients respond to some extent, the degree and duration of response are unpredictable and highly variable, and their prostatic cancers eventually relapse to an androgen-independent state with no further response to androgen withdrawal.

Response to hormonal therapy is believed to depend on the presence of androgen receptors (specific cellular proteins necessary for triggering the effects of androgens). Although androgen receptor measurements have been the focus of extensive research for many years, it is still not possible to predict how well patients with prostatic cancer will respond to hormonal therapy.

With a new improved technique, NCI grantee Dr. Evelyn Barrack and Dr. Patrick Walsh at Johns Hopkins University School of Medicine, Baltimore, MD, are evaluating ways to predict the responsiveness of human prostatic cancers to the removal of androgen. To accomplish this, they are seeking to localize the androgen receptors in prostatic tumors and correlate quantities of receptors with the responsiveness of patients to androgen removal. The investigators are also comparing prostate-specific markers, such as acid phosphatase and prostate-specific antigen, with the presence of androgen receptors in the tissue sections. This information may aid in improving the predictive value of the androgen receptor measurements.

NATIONAL INSTITUTE OF DENTAL RESEARCH

Though older individuals often have acute oral health needs, there is almost no information concerning the magnitude and specifics of these problems. In addition, there is very little research being carried out to develop techniques or programs specifically designed for older people either to prevent oral diseases or to restore oral function. Not only are the oral health problems of older people often severe and complex, they must also be addressed in the context of the overall medical, functional, and social needs of the patient.

Since 1984, the National Institute of Dental Research (NIDR), the NIA, and the Veterans Administration (VA) have collaborated in a project to further research on oral health in older people. This collaborative effort has produced the publication, *Research Agenda on Oral Health in the Elderly,* which sets forth significant research recommendations, and a *Catalog of Resources,* which describes the related research and training resources of each of the three agencies. A Request for Applications for "Oral Health in Aging Research and Training Centers" as published in October 1987. The research emphasis of these centers may include, but is not limited to, nutrition in relation to oral and general health, chronic pain in aging, and research leading to improved oral health promotion and disease prevention.

In an NIDR study, supported in part by the NIA, it has been found that the amount and composition of salivary secretions change little, or not at all, with age. Saliva, due to the antimicrobial proteins it contains, poses a barrier to harmful bacterial colonization of the mouth, prevents the common occurrence of oral infections, and inhibits the intrusion of serious disease-causing organisms. The anionic proline-rich proteins in saliva are also necessary to maintain the mineralization state of exposed tooth surfaces. This finding is an important confirmation of the maintenance of saliva's critical protective functions across the human lifespan, and refutes earlier research suggesting that salivary gland function is reduced in normal aging.

NATIONAL EYE INSTITUTE

Almost a million Americans age 65 and over suffer severe visual impairment. Many senior citizens with low vision are forced to forego reading, driving, shopping, and other activities, often resulting in a compromised independence and a lower quality of life in their later years. The National Eye Institute (NEI) sponsors research on the diagnosis, treatment, and prevention of age-related eye disorders, including glaucoma, cataract, and macular degeneration.

NEI grantee Dr. Gordon E. Legge and his associates at the University of Minnesota are studying how the different forms of impaired vision affect reading and how much visual information is required for reading. While people with low vision with some blind spots in their central field of vision often test quite high for visual acuity on eye charts, they often can only read 50 words per minute or less (normal average rate is about 250). People with low vision but some vision in the central field, however, can read 100 to 200 words a minute.

Another variable in low vision is the clarity of image. If the person's cornea or lens is not clear, light is scattered within the eye, much as it would be coming through a dirty windshield. This scattering reduces the test contrast and creates glare. The researchers found that these people read better if the text has white letters on a black background. This reversed contrast reduces the light scatter.

With properly designed low-vision reading aids, many of these people need not sacrifice reading. In collaboration with Dr. Denis G. Pelli from the Institute for Sensory Research at Syracuse University in New York, Dr. Legge's group has developed a reading aid that carries an image via optical fibers from the printed page to a microscope eyepiece held up to the eye. The device enlarges the image and provides a large field and good resolution of individual letters. The aid is also portable and designed so that the reader can sit comfortably with the book on a table while reading.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

The population aged 55 and older is marked by high rates of hypertension, with the prevalence estimated at 50 percent or greater. This translates into more than 30 million people over age 55 who have hypertension. Furthermore, it is increasingly apparent that isolated systolic hypertension, once thought a benign and even an inevitable consequence of aging, as well as the more commonly treated diastolic hypertension, take a toll in morbidity and mortality in those aged 65 and older.

The National High Blood Pressure Education Program has, in its 15 years, created a number of working groups to address complex issues in hypertension management and control. A report issued in 1987 addressed Hypertension in the Elderly. This report summarizes current research and makes treatment recommendations for older people. Among the important conclusions:

> Elevations of either the systolic blood pressure or diastolic blood pressure—whether fixed or labile—increase the risk of coronary heart disease and stroke.
>
> Antihypertensive therapy markedly reduces cardiovascular morbidity and mortality in older patients.
>
> Epidemiologic evidence indicates that systolic elevation may be a better predictor than diastolic pressure for most cardiovascular sequelae of hypertension.
>
> Dietary measures—sodium reduction and, in those who are overweight, calorie reduction—are suggested as the initial step before drug therapy for older patients.
>
> Despite the need for care because of increased sensitivity to drugs, the adverse effects of drugs—when carefully prescribed—were not a problem for older patients in several clinical trials.

The NHLBI supports demonstration and education projects as well as basic science and clinical research. One NHLBI-supported project at the National Research and Demonstration Center at Boston University is using a multidisciplinary approach to study and treat hypertension in older people. This study is examining whether working within the existing health care system is effective, or whether peer nonprofessionals actively reaching out can more successfully bring older people into treatment. Over 300 patients have been enrolled in this program, which will continue for several more years.

One challenge to researchers interested in the aging process is to separate age-related changes in the body from illness, and to clarify interactions between the two. One such NHLBI-supported study by Dr. Michael Tuck at the University of California, Los Angeles, is examining sodium sensitivity in older hypertensive patients. It has long been known that some individuals have elevations in blood pressure when subjected to a high sodium diet; yet, others seem free of this effect. Thus far, the investigators have found an inordinately high number of sodium sensitive hypertensives among the older population under study. Even some of the older "normotensives" have displayed a degree of sodium sensitivity. Moreover, the investigations have discovered that at the beginning of the sixth decade of life there is a definite change and, in general, a decline in sodium transport mechanisms. The results of this study should offer valuable information about the advisability and efficacy of low-sodium diets in the treatment or prevention of hypertension.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

The National Institute of Allergy and Infectious Diseases (NIAID) conducts and supports basic and clinical research on prevention, diagnosis, and treatment of allergic, immunologic, and infectious diseases. With aging, the immune system becomes less efficient and is less able to fight certain infections.

1. INFLUENZA PREVENTION

NIAID scientists are looking for better ways to prevent and treat influenza. which can be particularly threatening to older people. NIAID grantees at the University of Rochester Medical Center in New York investigated the effects of interferon, a substance normally produced by the immune system, on influenza. Dr. Raphael Dolin and his colleagues administered one type of interferon intranasally to healthy volunteers and then exposed them to influenza virus. Compared with volunteers who did not receive interferon and were exposed to the virus, fewer people became ill in the interferon group and infections were less severe. There were few side effects from the interferon, and those that did occur were mild.

The scientists concluded that interferon may be useful in certain settings to prevent influenza. They noted that studies are needed to develop alternative methods of administering interferon and to determine the minimal effective dose as well as the duration of protection.

2. PNEUMOCOCCAL PNEUMONIA VACCINE

Older persons are two or three time more likely to get the most common type of bacterial pneumonia, caused by the pneumococcal bacterium, than are people in the general population. Drs. Michael Polis and Richard Kaslow, NIAID extramural scientists, found that many people over 65 are unaware that a vaccine against pneumococcal pneumonia is available. In collaboration with the Department of Emergency Medicine at The George Washington University Medical Center in Washington, DC, the researchers interviewed 350 patients who were elderly or otherwise at high risk of pneumococcal infection. Twenty percent had heard of the vaccine, and about 9 percent had received it.

Another 338 older or otherwise at risk people were also surveyed, and those not vaccinated were offered the pneumococcal vaccine. Forty-two percent of the medically eligible people without personal physicians and 14 percent of the people with personal physicians accepted vaccination. These surveys demonstrate the need for education of patients and physicians regarding use of this vaccine.

3. HOSPITAL-ASSOCIATED INFECTIONS

Infections following surgery can be especially severe for older people. NIAID scientists are looking for better ways to prevent and treat these and other hospital-associated infections.

Enterobacter, a normally harmless bacterium often found in the colon, can cause severe infections in some heart surgery patients. NIAID grantee Dr. Dennis M. Flynn and his colleagues at Michael Reese Hospital in Chicago, IL, collaborating with scientists at the University of Chicago and the Central Public Health Laboratory in London, England, studied how cefazolin (an antibiotic sometimes given before surgery to prevent other types of infection) relates to illness from Enterobacter (which is resistant to cefazolin) after surgery.

Eighty-seven patients who took cefazolin were compared to 25 who did not. Seventy-two percent of the patients who were carrying the bacteria before surgery and who received cefazolin had increased amounts of the bacteria after surgery. The types of Enterobacter found were the same as those present in the patient's body before surgery. No such increases were found in the people who did not receive the antibiotic. Fourteen percent in the treated group became ill from Enterobacter, compared with none in the untreated group.

Enterobacter proliferates when other bacteria are killed by the antibiotic, thus causing illness in already weakened patients. Although Enterobacter can spread from patient to patient, on objects or on caretakers' hands, this study confirms that many infections result from proliferation of the bacteria already present in the patient's body.

DIVISION OF RESEARCH RESOURCES

The Division of Research Resources supports general clinical research centers (GCRC's) in major U.S. research medical centers around the country. The GCRC's provide flexible clinical research facilities for both inpatient and outpatient studies, and constitute a major source of extramural NIH patient research support. GCRC projects include research which focuses on older people and the processes of aging.

Drs. Patricia N. Prinz and Michael V. Vitiello at the University of Washington GCRC in Seattle, have noted that alterations in sleeping patterns associated with aging consist primarily of an increase in the number and duration of night-time awakenings, a reduction in the amount of slow-wave sleep, and a diminished circadian rhythm. This results in a reduction in the time a person spends in deep sleep.

The grantees also found an age-related decrease in the amount of growth hormone release with slow-wave sleep. In younger subjects, growth hormone is normally released in relatively large quantities, stimulating the liver to synthesize and release the growth factor somatomedin C. In older individuals, decreased growth hormone secretion may also be accompanied by a parallel decrease in blood somatomedin-C concentrations.

Among the conditions that accompany aging is an increased tendency toward sudden bouts of low blood pressure, which can result in fainting spells and falls. These cause a high frequency of hip fractures, immobility, hospitalization, and high health care costs. According to Dr. Lewis Lipsitz, at Boston's Beth Israel Hospital GCRC, even healthy older people tend to have an impaired capacity to increase their heart rates to counterbalance the effects of some common, everyday activities, such as standing up, which can reduce the amount of blood going to the brain and result in a fainting spell. A drop in blood pressure and reduction in blood to the brain can also occur after eating a meal. Illnesses in older people may also contribute to a reduced ability to control blood pressure, especially when the illnesses are associated with decreased amounts of fluid in blood vessels.

IV. FUTURE DIRECTIONS

A. LONG-TERM CARE

NIA research in the field of long-term care has been slowly expanding over the past few years. Recent studies have documented the nature of care needs in an increasingly older population, and have shown that social and behavioral factors interact with biomedical factors in determining the use of long-term care. For example, the amount of social support available to frail older persons in the community is an important predictor for admission to nursing homes. These studies have also shown that non-medical interventions can aid families in caring for older relatives at home, and that modifications in institutional arrangements can improve the functioning of institutionalized older people. However, much remains to be learned before long-term care needs and the effectiveness of health care services and informal supports can be effectively assessed and evaluated.

In response to the fiscal year 1987 congressional mandate, NIA has prepared an Implementation Plan for Research and Research Training on Long-Term Care. This initiative will highlight and expand current NIA research initiatives in long-term care. Several important areas have been targeted for further attention, including: Research on aging and formal health care; the design and testing of clinical trials for social, behavioral, and medical interventions to reduce the need for long-term care; and research on how recent changes in the American family affect intergenerational relationships and support capabilities. Additional research is also needed on forecasting utilization patterns and costs, and better assessments of older people's wealth, income adequacy, and ability to pay for a social insurance program.

B. INTERNATIONAL STUDIES

On June 16, 1987, the NIA and the World Health Organization (WHO) signed an agreement establishing a coordinating unit for the WHO Special Program for Research on Aging (SPRA). The SPRA will occupy space within NIA and will work in close association with NIA staff. The goal of the Program is to contribute to maintaining and improving the physical, mental, and social well-being of the world's older people through research and related activities.

As recommended by the WHO Advisory Committee on Health Research (of which the Director, NIH, is a member) the initial research priorities will be epidemiological aspects of aging, age-associated dementias, aging and immune function, and nutrition in aging with special emphasis on osteoporosis. WHO will seek extrabudgetary sources of funding to help conduct research in these priority areas in developing and developed countries. Scientific Steering Committees have been formed for each of the four areas, and planning meetings have been held. Further planning meetings are scheduled throughout the coming months aimed toward presentation of research plans at a meeting of the SPRA Scientific Advisory Committee, scheduled for May 1988.

International and cross-cultural studies offer a mechanism for exploring the relative effects of genetic, cultural, and environmental factors on the aging process and the diseases of aging. For example, rates of Alzheimer's disease and vascular dementia seem to vary dramatically by nation and ethnicity, with apparently lower rates of Alzheimer's disease in Japan, China, and possibly certain African nations. These may reflect variable genetic predisposition to Alzheimer's disease, or environmental risk factors which vary by culture or nation. Differences in definition and reporting may also contribute to the variability.

The NIA is currently investigating opportunities for involvement in research on dementia and other diseases of aging among individuals of Japanese ancestry in Japan and the United States. Opportunities also exist for epidemiologic research on aging in other Asian and Pacific populations as well. The combination of developed and developing countries in and around the Pacific basin is viewed especially attractive for such research.

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5 P01 AG00001-15	PETERS, ALAN AGING AND THE PRIMATE NERVOUS SYSTEM	12/01/86-11/30/87	BOSTON UNIVERSITY	729,861
5 T32 AG00029-12	COHEN, HARVEY J BEHAVIOR AND PHYSIOLOGY IN AGING	07/01/87-06/30/88	DUKE UNIVERSITY	229,997
7 R01 AG00029-13	PATTERSON, DAVID GENE EXPRESSION IN SOMATIC CELLS IN THE AGING PROCESS	06/01/87-05/31/88	ELEANOR ROOSEVELT INST FOR CANCER RES	305,862
2 T32 AG00030-11	STORANDT, MARTHA A AGING AND DEVELOPMENT	09/01/87-08/31/88	WASHINGTON UNIVERSITY	184,681
2 T32 AG00037-11	BENGTSON, VERN L MULTIDISCIPLINARY RESEARCH TRAINING IN GERONTOLOGY	09/01/87-08/31/88	UNIVERSITY OF SOUTHERN CALIFORNIA	271,510
5 T32 AG00045-11	CLARK, M MARGARET TRAINING IN SOCIOCULTURAL GERONTOLOGY	09/01/87-08/31/88	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	144,617
2 T32 AG00048-11	ZARIT, STEVEN H INTERDISCIPLINARY TRAINING IN GERONTOLOGY	07/01/87-06/30/88	PENNSYLVANIA STATE UNIVERSITY PARK	103,148
5 T32 AG00057-10	MARTIN, GEORGE M GENETIC APPROACHES TO AGING RESEARCH	07/01/87-06/30/88	UNIVERSITY OF WASHINGTON	258,141
5 T32 AG00078-08	HOLLOSZY, JOHN O EXERCISE AS PREVENTIVE MEDICINE IN THE AGING PROCESS	09/01/87-08/31/88	WASHINGTON UNIVERSITY	163,461
5 T32 AG00080-08	KLINMAN, NORMAN R IMMUNOLOGICAL & NEUROBIOLOGICAL ASPECTS OF AGING	09/01/87-08/31/88	SCRIPPS CLINIC AND RESEARCH FOUNDATION	221,036
5 T35 AG00086-08	GRAFSTEIN, BERNICE SHORT-TERM RESEARCH TRAINING	04/15/87-04/14/88	CORNELL UNIVERSITY MEDICAL CENTER	30,643
5 T35 AG00089-07	FLANAGAN, THOMAS D SHORT-TERM RESEARCH TRAINING	09/01/87-08/31/88	STATE UNIVERSITY OF NEW YORK AT BUFFALO	54,351
2 T32 AG00093-06	FINCH, CALEB E TRAINING IN ENDOCRINOLOGY AND NEUROBIOLOGY OF AGING	09/01/87-08/31/88	UNIVERSITY OF SOUTHERN CALIFORNIA	270,908
2 T32 AG00096-06	COTMAN, CARL W TRAINING IN THE NEUROBIOLOGY OF AGING	09/01/87-08/31/88	UNIVERSITY OF CALIFORNIA IRVINE	144,711

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5 T35 AG00099-05	THOMPSON, JOHN S STUDENTS IN HEALTH PROFESSIONAL SCHOOLS	09/01/87-08/31/88	UNIVERSITY OF KENTUCKY	6,930
5 T32 AG00101-05	BIRREN, JAMES E TRAINING IN HEALTH, BEHAVIOR, AND AGING	09/01/87-08/31/88	UNIVERSITY OF SOUTHERN CALIFORNIA	69,666
5 T32 AG00104-05	LEWIS, ROBERT M TRAINING VETERINARY PATHOLOGISTS FOR AGING RESEARCH	09/01/87-08/31/88	CORNELL UNIVERSITY ITHACA	20,468
5 T32 AG00105-04	CAPLAN, ARNOLD I CELL AND MOLECULAR AGING TRAINING GRANT	07/01/87-06/30/88	CASE WESTERN RESERVE UNIVERSITY	122,064
5 T32 AG00106-05	GREENBLATT, DAVID J PHARMACOKINETICS IN THE ELDERLY	09/01/87-08/31/88	TUFTS UNIVERSITY	42,481
5 T32 AG00107-04	COLEMAN, PAUL D TRAINING IN GERIATRICS AND NEUROBIOLOGY OF AGING	03/01/87-02/29/88	UNIVERSITY OF ROCHESTER	152,753
5 R01 AG00109-07	LIPTON, JAMES M EFFECTS OF AGING ON CENTRAL TEMPERATURE CONTROLS	12/01/86-11/30/87	UNIVERSITY OF TEXAS HLTH SCI CTR DALLAS	92,883
5 T32 AG00110-03	NESSELROADE, JOHN R TRAINING IN AGING RESEARCH METHODOLOGY	07/01/87-06/30/88	PENNSYLVANIA STATE UNIVERSITY PARK	112,845
5 T32 AG00111-05	SISKIND, GREGORY W IMMUNOBIOLOGY OF AGING	09/01/87-08/31/88	SLOAN-KETTERING INSTITUTE FOR CANCER RES	76,449
3 T32 AG00114-02S1	ADELMAN, RICHARD C MULTIDISCIPLINARY RESEARCH TRAINING IN AGING	12/01/86-08/31/87	UNIVERSITY OF MICHIGAN AT ANN ARBOR	45,005
5 T32 AG00114-03	ADELMAN, RICHARD C MULTIDISCIPLINARY RESEARCH TRAINING IN AGING	09/01/87-08/31/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	266,892
3 T32 AG00114-03S1	ADELMAN, RICHARD C MULTIDISCIPLINARY RESEARCH TRAINING IN AGING	09/30/87-08/31/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	73,440
5 T32 AG00115-03	POLGAR, PETER R PRE AND POST DOCTORAL TRAINING IN BIOCHEMISTRY OF AGING	09/01/87-08/31/88	BOSTON UNIVERSITY	209,636
5 T32 AG00116-03	SLY, DAVID F DEMOGRAPHY OF AGING	08/01/87-07/31/88	FLORIDA STATE UNIVERSITY	42,136

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5 T32 AG00117-03	TROPMAN, JOHN E SOCIAL RESEARCH TRAINING ON APPLIED ISSUES OF AGING	08/01/87-07/31/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	270,272
5 R01 AG00117-12	FINCH, CALEB E AGING AND BRAIN MONOAMINES IN MICE	09/01/87-08/31/88	UNIVERSITY OF SOUTHERN CALIFORNIA	137,912
5 T32 AG00119-03	SCOTT, W RICHARD COMPLEMENTARY RESEARCH TRAINING PROGRAM ON ORGANIZATIONS	09/01/87-08/31/88	STANFORD UNIVERSITY	106,726
5 T32 AG00120-02	GOLDBERG, ANDREW P RESEARCH TRAINING IN GERONTOLOGY AND GERIATRICS	06/01/87-05/31/88	JOHNS HOPKINS UNIVERSITY	145,736
1 T32 AG00121-01A1	WALFORD, ROY L IMMUNOBIOLOGY OF AGING	02/01/87-01/31/88	UNIVERSITY OF CALIFORNIA LOS ANGELES	59,033
5 K07 AG00121-05	FRIEDMAN, PAULA K GERIATRIC DENTISTRY ACADEMIC AWARD	03/01/87-02/29/88	BOSTON UNIVERSITY	47,700
5 T32 AG00122-02	GORSKI, ROGER A NEURAL REGULATION OF REPRODUCTION: MODELS OF AGING	09/01/87-08/31/88	UNIVERSITY OF CALIFORNIA LOS ANGELES	52,209
* 3 T32 AG00123-01S1	FAJANS, STEFAN S TRAINING PROGRAM IN ENDOCRINOLOGY, METABOLISM, AND AGING	12/15/86-05/31/87	UNIVERSITY OF MICHIGAN AT ANN ARBOR	6,480
5 T32 AG00123-02	MARSHALL, JOHN C TRAINING PROGRAM IN ENDOCRINOLOGY, METABOLISM, AND AGING	06/01/87-05/31/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	53,593
5 T32 AG00124-02	HOLT, PETER R DIGESTIVE DISEASE AND AGING TRAINING PROGRAM	09/01/87-08/31/88	ST. LUKE'S ROOSEVELT HOSP CTR (NEW YORK)	69,967
5 T32 AG00126-02	NEUGARTEN, BERNICE L RESEARCH TRAINING IN AGING AND SOCIAL POLICY	06/01/87-05/31/88	NORTHWESTERN UNIVERSITY	78,840
1 T32 AG00128-01A1	BOLLER, FRANCOIS BEHAVIORAL NEUROLOGY OF AGING TRAINING PROGRAM	12/03/86-11/30/87	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	69,000
5 T32 AG00129-02	FEATHERMAN, DAVID L POPULATION, LIFE COURSE, AND AGING	07/01/87-06/30/88	UNIVERSITY OF WISCONSIN MADISON	139,542
5 T32 AG00130-02	KAYSER-JONES, VIRGENE S RESEARCH TRAINING IN GERONTOLOGICAL NURSING	09/01/87-08/31/88	UNIVERSITY OF SAN FRANCISCO	34,115

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5 T32 AG00131-02	CRISTOFALO, VINCENT J TRAINING IN CELLULAR AND MOLECULAR ASPECTS OF AGING	05/01/87-04/30/88	UNIVERSITY OF PENNSYLVANIA	207,953
5 K07 AG00133-04	MASSEY, KATHERINE M GERIATRIC DENTISTRY ACADEMIC AWARD	02/01/87-01/31/88	MEHARRY MEDICAL COLLEGE	49,884
5 T32 AG00134-02	LIANG, JERSEY PUBLIC HEALTH AND AGING	09/01/87-08/31/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	70,806
5 T32 AG00135-02	LIEBERMAN, MORTON A TRAINING PROGRAM IN HUMAN DEVELOPMENT AND AGING	09/01/87-08/31/88	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	51,019
5 T32 AG00137-02	PETERSON, WARREN A INTER-UNIVERSITY TRAINING - ADULT DEVELOPMENT AND AGING	02/01/87-01/31/88	UNIVERSITY OF MISSOURI KANSAS CITY	232,032
1 T32 AG00139-01	MYERS, GEORGE C MEDICAL DEMOGRAPHY AND SOCIAL EPIDEMIOLOGY OF AGING	12/01/86-11/30/87	DUKE UNIVERSITY	61,270
* 3 T32 AG00140-11S1	GOLDSTEIN, SIDNEY POPULATION AND SOCIAL CHANGE	04/01/87-06/30/87	BROWN UNIVERSITY	5,540
5 T32 AG00140-12	GOLDSTEIN, SIDNEY POPULATION AND SOCIAL CHANGE	07/01/87-06/30/88	BROWN UNIVERSITY	66,276
5 T32 AG00143-02	SHEPPARD, JOHN R BEHAVIORAL GENETICS/BIOLOGY OF AGING	09/01/87-08/31/88	UNIVERSITY OF MINNESOTA OF MNPLS-ST PAUL	51,969
1 T32 AG00144-01	KOWAL, JEROME RESEARCH TRAINING IN GERIATRIC MEDICINE	08/01/87-07/31/88	CASE WESTERN RESERVE UNIVERSITY	64,189
5 T32 AG00145-02	GARRITY, THOMAS F BEHAVIORAL SCIENCE RESEARCH TRAINING IN AGING	09/01/87-08/31/88	UNIVERSITY OF KENTUCKY	28,500
5 T32 AG00146-02	MAINS, RICHARD E BEHAVIORAL AND NEURAL SCIENCE	09/01/87-08/31/88	JOHNS HOPKINS UNIVERSITY	44,297
1 T32 AG00149-01	FOLSTEIN, MARSHAL F RESEARCH TRAINING IN THE DEMENTIAS OF AGING	08/01/87-07/31/88	JOHNS HOPKINS UNIVERSITY	64,296
1 T32 AG00150-01	BENTLEY, DAVID W TRAINING IN IMMUNOLOGY AND INFECTIOUS DISEASES	08/01/87-07/31/88	UNIVERSITY OF ROCHESTER	61,740

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1 T32 AG00151-01	HERMALIN, ALBERT I DEMOGRAPHY OF AGING	07/06/87-06/30/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	70,346
1 T32 AG00160-01	GREER, DAVID S INSTITUTIONAL NATIONAL RESEARCH SERVICE AWARD	09/30/87-09/29/88	BROWN UNIVERSITY	41,828
1 T32 AG00161-01	EATON, WILLIAM W PSYCHIATRIC EPIDEMIOLOGY TRAINING GRANT	07/01/87-06/30/88	JOHNS HOPKINS UNIVERSITY	53,403
1 T32 AG00163-01	DOHRENWEND, BRUCE P RESEARCH TRAINING PROGRAM IN PSYCHIATRIC EPIDEMIOLOGY	05/10/87-05/09/88	COLUMBIA UNIVERSITY NEW YORK	21,683
5 K07 AG00183-05	WILSON, ARDELL GERIATRIC DENTISTRY ACADEMIC AWARD	04/01/87-03/31/88	COLUMBIA UNIVERSITY NEW YORK	104,216
5 K08 AG00193-06	FORCIEA, MARY A HEALTH SCREENING IN THE AMBULATORY ELDERLY	05/01/87-06/30/88	UNIVERSITY OF PENNSYLVANIA	46,872
5 K07 AG00198-04	HARVEY, JOHN C GERIATRIC MEDICINE ACADEMIC AWARD	04/01/87-03/31/88	GEORGETOWN UNIVERSITY	86,818
5 K08 AG00200-05	SMALL, GARY W DEMENTIA OF THE ALZHEIMER TYPE AND THE HLA GENE COMPLEX	03/01/87-02/29/88	UNIVERSITY OF CALIFORNIA LOS ANGELES	54,978
7 K04 AG00203-05	HAGESTAD, GUNHILD O PARENTS AND ADULT OFFSPRING: A MULTIGENERATIONAL VIEW	04/01/87-03/31/88	PENNSYLVANIA STATE UNIVERSITY PARK	51,774
5 K08 AG00211-04	POTTER, JANE F BENEFICIAL EFFECTS OF MODERATE OBESITY	03/01/87-02/29/88	UNIVERSITY OF NEBRASKA MEDICAL CENTER	42,647
5 K08 AG00213-05	LIPSITZ, LEWIS A ACADEMIC AWARD-- NATIONAL INSTITUTE ON AGING	05/01/87-04/30/88	HARVARD UNIVERSITY	58,104
5 K07 AG00217-04	TILLMAN, HILDE H GERIATRIC DENTISTRY ACADEMIC AWARD	02/01/87-01/31/88	TUFTS UNIVERSITY	106,011
5 K07 AG00220-05	PAWLSON, L GREGORY NIA GERIATRIC MEDICINE ACADEMIC AWARD	07/01/87-06/30/88	GEORGE WASHINGTON UNIVERSITY	53,654
5 K07 AG00224-04	SORENSEN, LEIF GERIATRIC MEDICINE ACADEMIC AWARD	02/01/87-01/31/88	UNIVERSITY OF CHICAGO	36,618

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5 K07 AG00226-05	BECK, PAUL GERIATRIC MEDICINE ACADEMIC AWARD	04/01/87-03/31/88	UNIVERSITY OF NORTH CAROLINA CHAPEL HILL	47,798
5 K07 AG00230-05	WEILER, PHILIP G GERIATRIC MEDICINE ACADEMIC AWARD	04/01/87-03/31/88	UNIVERSITY OF CALIFORNIA DAVIS	87,340
7 K01 AG00233-05	SIMONSON, DONALD C SERCA-DIABETES MELLITUS IN THE ELDERLY	08/01/87-07/31/88	JOSLIN DIABETES CENTER	70,308
5 K04 AG00234-05	WILLOTT, JAMES F AGING AND THE AUDITORY SYSTEM	08/01/87-07/31/88	NORTHERN ILLINOIS UNIVERSITY	47,885
5 K08 AG00235-03	MARIN, ROBERT S NIA ACADEMIC AWARD: APATHY IN LATE LIFE MENTAL DISORDER	12/01/86-11/30/87	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	61,746
5 K08 AG00236-03	SATLIN, ANDREW ACADEMIC AWARD - NATIONAL INSTITUTE OF AGING	07/01/87-06/30/88	MC LEAN HOSPITAL (BELMONT, MA)	60,145
5 K04 AG00241-04	PATEL, PARSOTTAM J EFFECT OF AGING ON CELL-MEDIATED IMMUNITY	05/01/87-04/30/88	MEHARRY MEDICAL COLLEGE	50,760
5 K04 AG00243-04	BARNES, CAROL A NEUROCHEMICAL INVESTIGATIONS OF SENESCENT HIPPOCAMPUS	09/01/87-08/31/88	UNIVERSITY OF COLORADO AT BOULDER	49,599
5 K08 AG00246-04	WINOGRAD, CAROL H FUNCTIONAL PARAMETERS IN THE ELDERLY	09/01/87-08/31/88	STANFORD UNIVERSITY	43,209
5 K07 AG00249-04	FRETWELL, MARSHA D NIA GERIATRIC MEDICINE ACADEMIC AWARD	07/01/87-06/30/88	BROWN UNIVERSITY	66,241
5 K07 AG00250-04	GAMBERT, STEVEN R GERIATRIC MEDICINE ACADEMIC AWARD	04/01/87-03/31/88	NEW YORK MEDICAL COLLEGE	85,082
5 K07 AG00252-04	BLANCHETTE, PATRICIA L GERIATRIC MEDICINE ACADEMIC AWARD	07/01/87-06/30/88	UNIVERSITY OF HAWAII AT MANOA	80,692
5 K11 AG00256-04	WORLEY, PAUL F IN VIVO CNS MUSCARINIC RECEPTOR ASSAY/ALZHEIMER DISEASE	07/01/87-06/30/88	JOHNS HOPKINS UNIVERSITY	73,608
5 K08 AG00259-03	OSTERWEIL, DAN COGNITIVE FUNCTION IN HYPOTHYROID ELDERLY	08/01/87-07/31/88	UNIVERSITY OF CALIFORNIA LOS ANGELES	52,596

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5 K08 AG00260-02	MAHLER, MICHAEL E EVENT RELATED POTENTIALS--ALZHEIMER DISEASE	09/01/87-08/31/88	UNIVERSITY OF CALIFORNIA LOS ANGELES	49,601
5 K08 AG00265-03	UHLMANN, RICHARD F SENSORY IMPAIRMENT AND FUNCTION IN THE ELDERLY	02/01/87-01/31/88	UNIVERSITY OF WASHINGTON	53,969
5 K08 AG00268-03	TONINO, RICHARD P NIA ACADEMIC AWARD: EXERCISE AND INSULIN RESISTANCE	02/01/87-01/31/88	UNIVERSITY OF VERMONT & ST AGRIC COLLEGE	59,832
5 K04 AG00271-03	ANTONUCCI, TONI C SOCIAL SUPPORT OVER THE LIFE COURSE	06/01/87-05/31/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	53,232
5 K04 AG00273-02	YELIN, EDWARD H FACTORS IN THE DECLINING FUNCTION OF THE AGING	12/01/86-11/30/87	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	54,432
5 K04 AG00274-03	MITTENESS, LINDA S NATURAL HISTORY & FOLK ETIOLOGY OF AGE-RELATED DISORDERS	04/01/87-03/31/88	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	54,724
5 K04 AG00276-03	KENNEDY, RICHARD H SENSITIVITY TO DIGITALIS-INDUCED ARRHYTHMIAS IN AGING	05/01/87-04/30/88	UNIVERSITY OF ARKANSAS MED SCIS LTL ROCK	49,276
5 K04 AG00281-03	MILLER, RICHARD A CLONAL ANALYSIS OF T LYMPHOCYTE FUNCTION IN AGING	07/01/87-06/30/88	BOSTON UNIVERSITY	52,661
5 K08 AG00282-03	BALIN, ARTHUR K DOES OXIDATIVE DAMAGE CONTRIBUTE TO THE AGING PROCESS	05/01/87-04/30/88	ROCKEFELLER UNIVERSITY	59,400
5 K11 AG00284-03	MILLER, BRUCE L CHOLINE TRANSPORT AND METABOLISM IN ALZHEIMER DISEASE	08/01/87-07/31/88	UNIVERSITY OF CALIFORNIA LOS ANGELES	71,674
5 K11 AG00289-03	GOLDMAN, ROBERT S NEURONAL FUNCTION RELEVANT TO ALZHEIMER'S DISEASE	08/01/87-07/31/88	YALE UNIVERSITY	70,482
5 K08 AG00292-03	TINETTI, MARY E ACADEMIC AWARD--IDENTIFYING FALL RELATED FACTORS	08/01/87-07/31/88	YALE UNIVERSITY	60,300
5 K12 AG00294-03	ROWE, JOHN W PHYSICIAN SCIENTIST PROGRAM AWARD	08/01/87-07/31/88	HARVARD UNIVERSITY	450,088
5 K11 AG00295-03	STOPA, EDWARD G HUMAN SUPRACHIASMATIC NUCLEI: AGE RELATED ALTERATION	09/01/87-08/31/88	TUFTS UNIVERSITY	68,054

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5 K04 AG00296-03	MARINI, MARGARET M AGE, GENDER, AND CAREERS	09/01/87-08/31/88	VANDERBILT UNIVERSITY	52,724
5 K04 AG00300-03	MC NEILL, THOMAS H THE BASAL GANGLIA AND AGING	09/01/87-08/31/88	UNIVERSITY OF ROCHESTER	49,144
5 K07 AG00301-03	KOWAL, JEROME GERIATRIC LEADERSHIP ACADEMIC AWARD	08/01/87-07/31/88	CASE WESTERN RESERVE UNIVERSITY	86,234
5 K07 AG00302-02	COE, RODNEY M GERIATRIC LEADERSHIP ACADEMIC AWARD	08/01/87-07/31/88	ST. LOUIS UNIVERSITY	84,376
5 K07 AG00305-03	HALTER, JEFFREY B GERIATRIC LEADERSHIP ACADEMIC AWARD	08/01/87-07/31/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	86,400
5 P01 AG00306-11	PORTER, JOHN C HORMONE DYNAMICS & TARGET ORGANS IN AGING MEN & WOMEN	05/01/87-04/30/88	UNIVERSITY OF TEXAS HLTH SCI CTR DALLAS	633,116
5 K04 AG00309-02	DE PAOLO, LOUIS V EFFECTS OF AGING ON THE REGULATION OF FSH SECRETION	09/01/87-08/31/88	UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT	54,864
5 K08 AG00312-02	GANGULI, MARY NIA ACADEMIC AWARD: PREDICTORS OF MORTALITY IN DEMENTIA	09/01/87-08/31/88	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	60,048
5 K04 AG00313-02	HUI, SIU LUI LONGITUDINAL STUDIES OF BONE LOSS IN AGING	03/01/87-02/29/88	INDIANA UNIV-PURDUE UNIV AT INDIANAPOLIS	55,145
5 K08 AG00314-02	MEADOR, KIMFORD JAY IN VIVO PROBE CENTRAL CHOLINERGIC SYSTEMS	09/01/87-08/31/88	MEDICAL COLLEGE OF GEORGIA	51,624
5 K08 AG00318-05	WILLIAMS, MARK E NIA ACADEMIC AWARD	08/01/87-07/31/88	UNIVERSITY OF NORTH CAROLINA CHAPEL HILL	53,111
5 K01 AG00319-02	POWELL, LYNDA H BEHAVORIAL & DRUG INTERVENTION FOR CORONARY PATIENTS	12/01/86-11/30/87	YALE UNIVERSITY	70,916
5 R01 AG00322-12	NEMETHY, GEORGE AGING: CONFORMATIONAL CHANGES OF COLLAGEN	06/01/87-05/31/88	CORNELL UNIVERSITY ITHACA	100,157
1 K11 AG00325-01A1	SOLSKY, MARILYN A CARTILAGE METABOLISM IN AGING AND OSTEOARTHRITIS	07/01/87-06/30/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	68,703

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5 K04 AG00327-02	SCHWARTZ, JANICE B THE EFFECT OF AGING ON CALCIUM BLOCKER KINETICS/DYNAMIC	01/01/87-12/31/87	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	54,000
5 K04 AG00328-04	WOLINSKY, FREDRIC D HEALTH AND ILLNESS BEHAVIOR AMONG THE AGED	02/01/87-01/31/88	TEXAS AGRI AND MECH UNIV COLLEGE STATION	53,568
5 K11 AG00329-02	MAGNUSSON, KATHY R EXCITATORY AMINO ACIDS IN THE AGING BRAIN	06/01/87-05/31/88	UNIVERSITY OF MINNESOTA OF MNPLS-ST PAUL	52,428
* 3 K04 AG00334-01S1	MERRILL, GARY F TK REGULATION DURING AGING AND DEVELOPMENT	12/05/86-05/31/87	OREGON STATE UNIVERSITY	6,977
5 K04 AG00334-02	MERRILL, GARY F TK REGULATION DURING AGING AND DEVELOPMENT	06/01/87-05/31/88	OREGON STATE UNIVERSITY	55,220
5 K04 AG00335-03	HERTZOG, CHRISTOPHER K INDIVIDUAL DIFFERENCES IN ADULT COGNITIVE DEVELOPMENT	08/01/87-07/31/88	GEORGIA INSTITUTE OF TECHNOLOGY	58,249
5 K08 AG00341-02	SLOANE, PHILIP D DIZZINESS IN THE ELDERLY	08/01/87-07/31/88	UNIVERSITY OF NORTH CAROLINA CHAPEL HILL	57,222
1 K08 AG00342-01	SIU, ALBERT L HEALTH POLICY AND FUNCTIONAL STATUS	07/01/87-06/30/88	UNIVERSITY OF CALIFORNIA LOS ANGELES	59,400
5 K08 AG00343-02	MIRKA, ALAR VESTIBULAR FUNCTION AND POSTURAL CONTROL IN THE ELDERLY	02/01/87-01/31/88	GOOD SAMARITAN HOSP & MED CTR(PRTLND,OR)	59,400
5 K04 AG00344-02	EL-FAKAHANY, ESAM E AGING AND MUSCARINIC RECEPTORS IN INTACT BRAIN CELLS	08/01/87-07/31/88	UNIVERSITY OF MARYLAND BALT PROF SCHOOL	52,704
5 K08 AG00345-02	WANG, SAN YOU EFFECTS OF AGING AND INSULIN BIOSYNTHESIS	08/01/87-07/31/88	HARVARD UNIVERSITY	58,104
5 K08 AG00347-02	COON, PATRICIA J GLUCOSE AND LIPID METABOLISM IN OBESITY	08/01/87-07/31/88	JOHNS HOPKINS UNIVERSITY	58,553
1 K08 AG00350-01A1	GORELICK, PHILIP B NEUROEPIDEMIOLOGY OF MULTI-INFARCT DEMENTIA	08/01/87-07/31/88	MICHAEL REESE HOSP & MED CTR (CHICAGO)	53,279
1 K12 AG00353-01A1	SEEGMILLER, JARVIS E PHYSICIAN SCIENTIST PROGRAM AWARD	08/01/87-07/31/88	UNIVERSITY OF CALIFORNIA SAN DIEGO	168,405

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5 K08 AG00354-02	YAAR, MINA INTERFERON: ROLE IN EPIDERMAL GROWTH & DIFFERENTIATION	12/01/86-11/30/87	TUFTS UNIVERSITY	55,052
5 K07 AG00355-02	CRISTOFALO, VINCENT J GERIATRIC LEADERSHIP ACADEMIC AWARD	07/01/87-06/30/88	UNIVERSITY OF PENNSYLVANIA	86,400
1 K08 AG00358-01	MEIER, DIANE E INFLUENCE OF AGE AND RACE ON BONE HEALTH	12/01/86-11/30/87	MOUNT SINAI SCHOOL OF MEDICINE	60,264
1 K08 AG00363-01	LAVIZZO-MOUREY, RISA RISK FACTORS FOR DEHYDRATION AMONG THE ELDERLY	08/01/87-07/31/88	UNIVERSITY OF PENNSYLVANIA	61,742
1 K08 AG00367-01	LYLES, KENNETH W ESTROGEN EFFECTS ON MINERAL HOMEOSTASIS IN AGING	05/01/87-04/30/88	DUKE UNIVERSITY	49,464
1 K07 AG00368-01	LUCHI, ROBERT J GERIATRIC LEADERSHIP ACADEMIC AWARD	01/15/87-12/31/87	BAYLOR COLLEGE OF MEDICINE	86,219
1 K04 AG00369-01	JOHNSON, THOMAS E MOLECULAR GENETIC ANALYSIS OF THE SPECIFICATION OF AGING	08/01/87-07/31/88	UNIVERSITY OF CALIFORNIA IRVINE	53,802
5 K01 AG00370-03	RAKOWSKI, WILLIAM CARDIOVASCULAR RISK FACTORS AND BEHAVIORAL GERIATRICS	01/01/87-12/31/87	MEMORIAL HOSPITAL (PAWTUCKET, RI)	73,866
1 K11 AG00371-01	DOVE, S BRENT AGING EFFECT ON IMMUNOGENETICS OF SECRETORY IGA RESPONSE	02/01/87-01/31/88	UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT	61,549
2 P30 AG00371-14	COHEN, HARVEY J RESEARCH SUPPORT SERVICES FOR GERONTOLOGY CENTER	05/01/87-03/31/88	DUKE UNIVERSITY	318,750
5 K04 AG00372-05	SALTHOUSE, TIMOTHY A PROCESSING RATE AND ADULT AGE DIFFERENCES IN COGNITION	05/01/87-04/30/88	GEORGIA INSTITUTE OF TECHNOLOGY	53,395
1 K04 AG00374-01	THOMAN, MARILYN L INTERLEUKIN 2 SYNTHESIS AND ACTIVITY IN THE AGED	05/01/87-04/30/88	SCRIPPS MEMORIAL HOSPITAL-LA JOLLA	52,272
5 P01 AG00378-16	CRISTOFALO, VINCENT J CELLULAR SENESCENCE AND CONTROL OF CELL PROLIFERATION	02/01/87-01/31/88	WISTAR INSTITUTE OF ANATOMY AND BIOLOGY	808,263
1 K11 AG00382-01	LYTTON, WILLIAM CONNECTIONIST MODELING IN THE NEUROLOGY OF AGING	09/01/87-08/31/88	JOHNS HOPKINS UNIVERSITY	70,066

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1 K08 AG00383-01	BUSBY, MARY J PHYSICAL ACTIVITY & METABOLIC FUNCTION IN OLDER MEN	09/01/87-08/31/88	JOHNS HOPKINS UNIVERSITY	59,000
1 K07 AG00384-01	BRODY, JACOB A GERIATRIC LEADERSHIP ACADEMIC AWARD	08/01/87-07/31/88	UNIVERSITY OF ILLINOIS AT CHICAGO	75,464
1 K08 AG00387-01	MADER, SCOTT L POSTURAL HYPOTENSION, AUTONOMIC FUNCTION AND AGING	08/01/87-07/31/88	CASE WESTERN RESERVE UNIVERSITY	63,968
1 K07 AG00389-01	WHISLER, RONALD L GERIATRIC LEADERSHIP ACADEMIC AWARD	09/01/87-08/31/88	OHIO STATE UNIVERSITY	86,400
1 K01 AG00390-01	CHEUNG, HOU T NUTRITION, AGING, AND IMMUNITY	09/30/87-08/31/88	ILLINOIS STATE UNIVERSITY	51,911
1 K01 AG00391-01	KUMANYIKA, SHIRIKI K CORRELATES AND PREDICTORS OF DIET PATTERNS AFTER AGE 60	09/01/87-08/31/88	JOHNS HOPKINS UNIVERSITY	55,633
1 K01 AG00394-01	VERBRUGGE, LOIS M ARTHRITIS AND DAILY LIFE	09/01/87-08/31/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	60,552
1 K01 AG00395-01	STATEN, MYRLENE A METABOLIC EFFECTS OF EXCERISE IN OBESE OLDER PEOPLE	09/01/87-08/31/88	WASHINGTON UNIVERSITY	60,043
1 K11 AG00396-01	GROLLMAN, EDWIN M CYTOSKELETAL PROTEINS & TROPHIC FACTORS IN AGING	08/01/87-07/31/88	UNIVERSITY OF ROCHESTER	69,320
1 K01 AG00399-01	DUTTA, PURABI EFFECTS OF AGE & RIBOFLAVIN ON B-ADRENERGIC ACTIVITIES	08/01/87-07/31/88	SLOAN-KETTERING INSTITUTE FOR CANCER RES	51,269
1 K07 AG00402-01	SEEGMILLER, JARVIS E GERIATRIC LEADERSHIP ACADEMIC AWARD	08/01/87-07/31/88	UNIVERSITY OF CALIFORNIA SAN DIEGO	70,200
5 R01 AG00416-12	MEITES, JOSEPH CONTROL OF GH SECRETION AND PROTEIN SYNTHESIS WITH AGE	12/01/86-05/31/88	MICHIGAN STATE UNIVERSITY	121,439
2 R01 AG00424-25A1	WEINDRUCH, RICHARD NUTRITIONAL AND IMMUNE INFLUENCES ON AGING	05/01/87-04/30/88	UNIVERSITY OF CALIFORNIA LOS ANGELES	192,151
2 R37 AG00425-23	HOLLOSZY, JOHN O EXERCISE-INDUCED BIOCHEMICAL AND ANATOMIC ADAPTATIONS	07/01/87-06/30/88	WASHINGTON UNIVERSITY	198,935

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2 R37 AG00443-13	SCHIFFMAN, SUSAN S GUSTATORY AND OLFACTORY CHANGES WITH AGE	12/01/86-11/30/87	DUKE UNIVERSITY	179,342
5 R01 AG00459-11	GERSHON, DAVID STUDY OF FAULTY PROTEIN MOLECULES SENESCENCE	02/01/87-01/31/88	TECHNION-ISRAEL INSTITUTE OF TECHNOLOGY	103,161
3 P01 AG00538-10S1	COTMAN, CARL W BEHAVIORAL AND NEURAL PLASTICITY IN THE AGED RAT PROGRAM	02/01/87-08/31/87	UNIVERSITY OF CALIFORNIA IRVINE	73,818
5 P01 AG00538-11	COTMAN, CARL W BEHAVIORAL AND NEURAL PLASTICITY IN THE AGED	09/01/87-08/31/88	UNIVERSITY OF CALIFORNIA IRVINE	610,732
5 P01 AG00541-11	WEKSLER, MARC E IMMUNOBIOLOGY OF AGING	05/01/87-04/30/88	CORNELL UNIVERSITY MEDICAL CENTER	639,128
3 P01 AG00541-11S1	WEKSLER, MARC E IMMUNOBIOLOGY OF AGING	05/01/87-04/30/88	CORNELL UNIVERSITY MEDICAL CENTER	89,697
5 R01 AG00594-14	HARRISON, DAVID E DECLINE OF IMMUNE RESPONSE WITH AGE	07/01/87-06/30/88	JACKSON LABORATORY	155,383
* 3 P01 AG00599-10S1	ROWE, JOHN W PROGRAM PROJECT IN BIOMEDICAL ASPECTS OF AGING	04/01/87-06/30/87	BETH ISRAEL HOSP (BOSTON)	30,222
5 P01 AG00599-11	ROWE, JOHN W PROGRAM PROJECT IN BIOMEDICAL ASPECTS OF AGING	07/01/87-06/30/88	BETH ISRAEL HOSP (BOSTON)	921,140
5 R01 AG00677-10	RUTHERFORD, CHARLES L ALTERNATE PATHWAYS IN CELLULAR AGING	04/01/87-03/31/88	VIRGINIA POLYTECHNIC INST AND ST UNIV	129,092
2 R01 AG00783-09A1	WEIGLE, WILLIAM O EFFECT OF AGING ON IMMUNE STATES	06/01/87-05/31/88	SCRIPPS CLINIC AND RESEARCH FOUNDATION	141,668
5 P01 AG00795-10	LASEK, RAYMOND J AGING CHANGES IN NEURONAL FUNCTION AND STRUCTURE	04/01/87-03/31/88	CASE WESTERN RESERVE UNIVERSITY	574,040
5 R01 AG00801-08	HABICHT, GAIL S IMMUNOLOGICAL TOLERANCE AND AGING	12/01/86-11/30/87	STATE UNIVERSITY NEW YORK STONY BROOK	126,165
5 R01 AG00847-08	SLADEK, JOHN R, JR AGING EFFECTS ON PEPTIDERGIC AND AMINERGIC NEURONS	12/01/86-11/30/87	UNIVERSITY OF ROCHESTER	137,388

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5 R01 AG00947-10	STEIN, GRETCHEN H GROWTH REGULATION: SENESCENT VS NONSENESCENT CELLS	06/01/87-05/31/88	UNIVERSITY OF COLORADO AT BOULDER	171,083
5 R01 AG01050-08	DANIEL, CHARLES W AGING OF MOUSE MAMMARY CELLS	03/01/87-02/29/88	UNIVERSITY OF CALIFORNIA SANTA CRUZ	185,637
5 R01 AG01136-10	YEN, SHU-HUI C THE AGING BRAIN: IMMUNOHISTOLOGY AND BIOCHEMISTRY	07/01/87-06/30/88	YESHIVA UNIVERSITY	152,055
5 R01 AG01154-09	RUSSELL, RICHARD L GENETIC, BIOCHEMICAL AND DIETARY PROBES OF AGING	04/01/87-03/31/88	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	77,550
5 R01 AG01159-11	MANTON, KENNETH G A DEMOGRAPHIC STUDY OF MULTIPLE CAUSES OF DEATH	12/01/86-11/30/87	DUKE UNIVERSITY	172,603
2 P01 AG01188-09	MASORO, EDWARD J NUTRITIONAL PROBE OF THE AGING PROCESS	06/01/87-05/31/88	UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT	989,959
2 R37 AG01228-09	WRIGHT, WOODRING E GENE EXPRESSION IN AGING AND DEVELOPMENT	12/01/86-11/30/87	UNIVERSITY OF TEXAS HLTH SCI CTR DALLAS	180,548
5 R01 AG01251-09	SEKULER, ROBERT W HUMAN AGING AND VISUAL PERCEPTION	04/01/87-03/31/88	NORTHWESTERN UNIVERSITY	114,932
2 R37 AG01274-09	GRACY, ROBERT W MOLECULAR BASIS FOR ABNORMAL PROTEINS IN AGING CELLS	02/01/87-01/31/88	TEXAS COLLEGE OF OSTEOPATHIC MEDICINE	171,758
5 P01 AG01312-08	REAVEN, GERALD M ENDOCRINOLOGY OF AGING	07/01/87-06/30/88	STANFORD UNIVERSITY	529,544
5 R01 AG01395-09	WILKINSON, GRANT R EFFECTS OF AGING PROCESS ON DRUG RESPONSIVENESS IN MAN	04/01/87-03/31/88	VANDERBILT UNIVERSITY	241,360
5 R01 AG01461-08	SABATINI, DAVID D SYNTHESIS AND DISTRIBUTION OF PROTEINS IN MEMBRANES	02/01/87-01/31/88	NEW YORK UNIVERSITY	433,398
5 R01 AG01512-06	LU, JOHN K HORMONE SECRETION AND RECEPTOR PATTERNS DURING AGING	12/01/86-11/30/87	UNIVERSITY OF CALIFORNIA LOS ANGELES	126,418
2 R01 AG01548-05A1	RICHARDSON, ARLAN G EFFECT OF DIETARY RESTRICTION ON GENE EXPRESSION	07/01/87-06/30/88	ILLINOIS STATE UNIVERSITY	177,034

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5 R01 AG01572-09	SMITH, DEAN O SYNAPTIC STRUCTURE AND FUNCTION DURING SENESCENCE	09/01/87-08/31/88	UNIVERSITY OF WISCONSIN MADISON	74,011
2 R01 AG01608-09	PHOENIX, CHARLES H SEXUAL BEHAVIOR AND HORMONES IN AGING	08/01/87-07/31/88	MEDICAL RESEARCH FOUNDATION OF OREGON	155,098
2 R01 AG01739-07A3	BEWLEY, GLENN C GENETIC CONTROL OF CATALASE EXPRESSION IN DROSOPHILA	07/01/87-06/30/88	NORTH CAROLINA STATE UNIVERSITY RALEIGH	107,732
5 P01 AG01743-08	KLINMAN, NORMAN R IMMUNOBIOLOGY AND IMMUNOPATHOLOGY OF AGING	02/01/87-01/31/88	SCRIPPS CLINIC AND RESEARCH FOUNDATION	455,450
5 P01 AG01751-09	MARTIN, GEORGE M GENE ACTION IN THE PATHOBIOLOGY OF AGING	08/01/87-07/31/88	UNIVERSITY OF WASHINGTON	1,216,657
5 R01 AG01811-09	MACINTYRE, ROSS J MUTANTS AT THE 2-GLYCEROPHOSPHATE DEHYDROGENASE LOCUS	09/01/87-08/31/88	CORNELL UNIVERSITY ITHACA	142,149
5 R01 AG01822-08	SHEARN, ALLEN D MUTATIONAL DISSECTION OF IMAGINAL DISC DEVELOPMENT	12/01/86-11/30/87	JOHNS HOPKINS UNIVERSITY	137,956
5 R01 AG01934-09	HIRAIZUMI, YUICHIRO GENETICS OF REPRODUCTIVE LONGEVITY IN DROSOPHILA	09/01/87-08/31/88	UNIVERSITY OF TEXAS AUSTIN	84,501
2 R01 AG02021-07	SIMPKINS, JAMES W CATECHOLAMINES AND REPRODUCTIVE AGING	09/30/87-08/31/88	UNIVERSITY OF FLORIDA	140,186
5 R01 AG02038-07	HERZOG, ANNA R NON-SAMPLING ERRORS IN PANEL SURVEYS OF OLDER ADULTS	07/01/87-06/30/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	229,762
5 R01 AG02048-09	RHEINWALD, JAMES G SENESCENCE AND DIFFERENTIATION IN CULTURED EPITHELIA	09/01/87-08/31/88	DANA-FARBER CANCER INSTITUTE	137,065
5 R01 AG02049-08	GARRY, PHILIP J A PROSPECTIVE STUDY OF NUTRITION IN THE ELDERLY	01/01/87-12/31/87	UNIVERSITY OF NEW MEXICO ALBUQUERQUE	171,887
2 R01 AG02085-07	KENSHALO, DANIEL R, SR AGING AND SOMESTHETIC ACUITY	12/03/86-11/30/87	FLORIDA STATE UNIVERSITY	94,116
5 N01 AG02105-13	OSTFELD, ADRIAN M ESTABLISH POPULATIONS FOR EPIDEMIOLOGICAL STUDIES	06/29/87-06/29/88	YALE UNIVERSITY	596,009

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5 N01 AG02106-11	WALLACE, ROBERT B ESTABLISH POPULATIONS FOR EPIDEMIOLOGICAL STUDIES	06/29/87-06/29/88	UNIVERSITY OF IOWA	482,500
5 N01 AG02107-17	TAYLOR, JAMES O ESTABLISH POPULATIONS FOR EPIDEMIOLOGICAL STUDIES	06/30/87-06/29/88	BRIGHAM AND WOMEN'S HOSPITAL	515,464
5 P01 AG02126-08	MAROTTA, CHARLES A MOLECULAR BIOLOGY OF NEURONAL AGING	09/01/87-08/31/88	MC LEAN HOSPITAL (BELMONT, MA)	419,729
5 R01 AG02128-07	FESSLER, JOHN H BASEMENT MEMBRANE BIOSYNTHESIS	12/01/86-05/31/88	UNIVERSITY OF CALIFORNIA LOS ANGELES	155,537
5 P01 AG02132-07	PRUSINER, STANLEY B VIRAL DEGENERATIVE AND DEMENTING DISEASES IN AGING	01/01/87-12/31/87	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	776,478
3 P01 AG02132-07S1	PRUSINER, STANLEY B VIRAL DEGENERATIVE AND DEMENTING DISEASES IN AGING	02/01/87-12/31/87	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	92,216
2 R01 AG02152-06	STUTMAN, OSIAS T-CELL DEVELOPMENT AND AGING	12/01/86-11/30/87	SLOAN-KETTERING INSTITUTE FOR CANCER RES	188,999
2 R01 AG02163-07A1	MADDEN, DAVID J AGE AND SELECTIVE ATTENTION IN VISUAL SEARCH	04/01/87-03/31/88	DUKE UNIVERSITY	83,369
5 R01 AG02205-08	MALEMUD, CHARLES J BEHAVIOR OF HUMAN CARTILAGE IN AGING & OSTEOARTHRITIS	06/01/87-05/31/88	CASE WESTERN RESERVE UNIVERSITY	159,577
5 P01 AG02219-08	DAVIS, KENNETH L CHOLINERGIC TREATMENT OF MEMORY DEFICITS IN THE AGED	04/01/87-03/31/88	MOUNT SINAI SCHOOL OF MEDICINE	535,569
5 R37 AG02224-08	WISE, PHYLLIS M NEUROENDOCRINE AND NEUROCHEMICAL FUNCTION DURING AGING	07/01/87-06/30/88	UNIVERSITY OF MARYLAND BALT PROF SCHOOL	138,643
5 R01 AG02246-08	TEMPLETON, ALAN R THE AGING EFFECTS ASSOCIATED WITH A POLYGENIC COMPLEX	04/01/87-03/31/88	WASHINGTON UNIVERSITY	51,869
5 R01 AG02260-06	NEAVES, WILLIAM B BIOLOGY OF THE AGING HUMAN TESTIS	09/01/87-08/31/89	UNIVERSITY OF TEXAS HLTH SCI CTR DALLAS	66,757
5 R01 AG02325-06	LEES, SIDNEY MECHANO-ULTRASONIC PROPERTIES OF BONE IN AGING	12/01/86-11/30/87	FORSYTH DENTAL CENTER	104,521

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5 R01 AG02329-11	YUNIS, EDMOND J IMMUNOLOGICAL ASPECTS OF AGING	04/01/87-03/31/88	DANA-FARBER CANCER INSTITUTE	146,248
2 R01 AG02331-07	CLEMMONS, DAVID R CONTROL OF FIBROBLAST REPLICATION BY IGF-I	08/01/87-07/31/88	UNIVERSITY OF NORTH CAROLINA CHAPEL HILL	200,269
5 R01 AG02338-06	O'LEARY, JAMES J MECHANISM OF DEPRESSED IMMUNE FUNCTION IN AGING MAN	09/01/87-08/31/88	UNIVERSITY OF MINNESOTA OF MNPLS-ST PAUL	127,372
2 R01 AG02398-06A1	AKERA, TAI AGING, DISEASE, AND DRUGS ON DIGITALIS SENSITIVITY	08/01/87-07/31/88	MICHIGAN STATE UNIVERSITY	154,265
5 R01 AG02440-07	WARNER, CAROL M LYMPHOCYTE AGING IN CHIMERIC MICE	09/01/87-08/31/88	IOWA STATE UNIVERSITY OF SCIENCE & TECH	108,047
5 R01 AG02452-08	LIGHT, LEAH L CONTEXTUAL AND SEMANTIC MEMORY PROCESSING IN OLD AGE	09/01/87-08/31/88	PITZER COLLEGE	164,294
5 R01 AG02467-06	KUSHNER, IRVING INDUCTION OF ACUTE PHASE PROTEIN BIOSYNTHESIS	02/01/87-01/31/88	CASE WESTERN RESERVE UNIVERSITY	123,731
5 R01 AG02483-08	WASNICH, RICHARD D EPIDEMIOLOGY OF OSTEOPOROSIS IN AGING JAPANESE	09/01/87-08/31/88	KUAKINI MEDICAL CENTER	403,207
5 R01 AG02650-06	JOHNSON, ANNE B PATHOGENESIS OF SENILE DEMENTIA AND CEREBRAL AGING	12/01/86-11/30/88	YESHIVA UNIVERSITY	177,728
5 R01 AG02711-09	KRIPKE, DANIEL F PREVALENCE OF SLEEP APNEA IN AN AGED POPULATION	04/01/87-03/31/88	UNIVERSITY OF CALIFORNIA SAN DIEGO	226,079
5 R01 AG02716-06	BONA, CONSTANTIN A AUTOANTI-IMMUNOGLOBULIN RESPONSE AND AGING	03/01/87-02/29/88	MOUNT SINAI SCHOOL OF MEDICINE	112,978
5 R01 AG02731-06	YEE, JOHN A IN VITRO STUDIES ON ISOLATED ENDOSTEAL BONE CELLS	07/01/87-06/30/88	TEXAS TECH UNIVERSITY HEALTH SCIS CENTER	82,357
5 R01 AG02751-06	HOWARD, DARLENE V STUDIES OF AGING SEMANTIC PROCESSING AND MEMORY	05/01/87-04/30/88	GEORGETOWN UNIVERSITY	78,255
5 R01 AG02758-06	PACIFICI, MAURIZIO PROPERTIES OF CARTILAGE CELLS AGING IN VIVO AND IN VITRO	03/01/87-02/29/88	UNIVERSITY OF PENNSYLVANIA	123,310

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2 R01 AG02767-04A2	HOLLANDER, DANIEL NUTRIENT LIPID ABSORPTION AND AGING	08/01/87-07/31/88	UNIVERSITY OF CALIFORNIA IRVINE	148,281
5 R01 AG02802-06	MAYEUX, RICHARD P BEHAVIORAL/BIOCHEMICAL CORRELATES IN DISEASES OF AGING	12/01/86-06/30/88	COLUMBIA UNIVERSITY NEW YORK	194,696
5 R01 AG02822-07	STOCKDALE, FRANK E DEVELOPMENTAL AGE AND CHANGES IN MYOSIN ISOZYMES	04/01/87-03/31/88	STANFORD UNIVERSITY	229,959
5 R01 AG02832-06	STROHMAN, RICHARD C MUSCLE MATURATION: IMPACT OF NEURONS, ACTIVITY, AGING	12/01/86-11/30/87	UNIVERSITY OF CALIFORNIA BERKELEY	172,889
5 R01 AG02868-06	WHORTON, A RICHARD AGING AND VASCULAR ARACHIDONIC ACID METABOLISM	05/01/87-04/30/88	DUKE UNIVERSITY	144,587
5 P01 AG02908-07	LEHMAN, I ROBERT DNA TRANSACTIONS AND AGING	08/01/87-07/31/88	STANFORD UNIVERSITY	906,165
5 P01 AG02921-06	CAPLAN, ARNOLD I EXTRACELLULAR MATRIX AND AGING	08/01/87-07/31/88	CASE WESTERN RESERVE UNIVERSITY	719,977
5 R01 AG03020-06	WANG, YU-HWA E CYTOSKELETAL STRUCTURE IN AGING FIBROBLASTS	03/01/87-02/29/88	ROCKEFELLER UNIVERSITY	125,210
5 R01 AG03047-05	BALL, MELVYN J DEFINITION OF ALZHEIMER'S DISEASE: PATHOLOGICAL STUDIES	07/01/87-06/30/88	UNIVERSITY OF WESTERN ONTARIO	183,832
2 R01 AG03051-04A1	REISBERG, BARRY AGING AND DEMENTIA: LONGITUDINAL COURSE OF SUBGROUPS	07/01/87-06/30/88	NEW YORK UNIVERSITY	273,107
5 R01 AG03055-06	ELIAS, MERRILL F AGE, HYPERTENSION, AND INTELLECTIVE PERFORMANCE	04/01/87-03/31/88	UNIVERSITY OF MAINE AT ORONO	145,552
2 P01 AG03104-06	EGER, EDMOND I PROGRAM PROJECT - AGING AND ANESTHESIA	03/01/87-02/29/88	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	489,451
5 P01 AG03110-05	FRY, CHRISTINE L AGE AND CULTURE: COMMUNITY AND WELL-BEING IN OLD AGE	09/01/87-08/31/88	LOYOLA UNIVERSITY OF CHICAGO	477,417
5 R01 AG03111-07	MC KINLAY, SONJA M AN EPIDEMIOLOGICAL INVESTIGATION OF MENOPAUSE	07/01/87-06/30/88	AMERICAN INSTITUTES FOR RESEARCH	311,337

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5 R01 AG03161-06	HARTMAN, PHILIP S DNA REPAIR IN THE NEMATODE CAENORHABDITIS ELEGANS	09/01/87-08/31/88	TEXAS CHRISTIAN UNIVERSITY	44,699
5 R01 AG03168-06	KATZ, MICHAEL S HORMONE-SENSITIVE LIVER ADENYLATE CYCLASES DURING AGING	03/01/87-02/29/88	UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT	71,920
5 R01 AG03188-06	WOODBURY, MAX A LONGITUDINAL MODELS OF CORRELATES OF AGING AND LONGEVITY	06/01/87-05/31/88	DUKE UNIVERSITY	126,608
5 R01 AG03295-06	BRAVERMAN, IRWIN M ROLE OF ELASTIC FIBERS AND VESSELS IN CUTANEOUS AGING	09/01/87-08/31/88	YALE UNIVERSITY	163,120
5 R01 AG03326-05	ROBERTS, JAY PHARMACOLOGY OF AGING CARDIAC ADRENERGIC NEUROEFFECTOR	12/01/86-11/30/87	MEDICAL COLLEGE OF PENNSYLVANIA	119,398
5 R01 AG03359-06	PRICE, DONALD L NEUROBIOLOGICAL STUDIES/ALZHEIMER'S/PARKINSON'S DISEASE	09/01/87-08/31/88	JOHNS HOPKINS UNIVERSITY	99,241
5 R01 AG03362-06	HARTLEY, JOELLEN T ADULT DIFFERENCES IN MEMORY FOR DISCOURSE	09/01/87-08/31/88	CALIFORNIA STATE UNIVERSITY LONG BEACH	75,195
5 R01 AG03376-06	BARNES, CAROL A NEUROBEHAVIORAL RELATIONS IN SENESCENT HIPPOCAMPUS	05/01/87-04/30/88	UNIVERSITY OF COLORADO AT BOULDER	138,361
2 R01 AG03382-04A2	EBERSOLE, JEFFREY L EFFECT OF AGING ON SECRETORY IGA IMMUNE SYSTEM	09/30/87-08/31/88	UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT	115,253
5 R01 AG03393-06	ALLEN, RONALD E CHANGES IN SKELETAL MUSCLE SATELLITE CELLS DURING AGING	05/01/87-04/30/88	UNIVERSITY OF ARIZONA	79,996
2 R01 AG03417-07	FERNANDES, GABRIEL INFLUENCE OF DIET ON REGULATION, AUTOIMMUNITY, & AGING	07/01/87-06/30/88	UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT	135,750
5 R01 AG03420-02	CUTLER, STEPHEN J COHORT CHANGES IN SOCIAL AND POLITICAL ATTITUDES	06/01/87-05/31/88	UNIVERSITY OF VERMONT & ST AGRIC COLLEGE	31,099
5 P01 AG03424-05	KELMAN, HOWARD R BEHAVIORAL FACTORS ON HEALTH AND ILLNESS IN AGED PERSONS	09/01/87-08/31/88	MONTEFIORE MEDICAL CENTER (BRONX, NY)	594,301
5 R01 AG03471-04	MITTENESS, LINDA S THE BEHAVIORAL CONTEXT OF INCONTINENCE IN THE ELDERLY	08/01/87-07/31/88	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	150,385

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2 R01 AG03484-03A1	MATTHEWS, SARAH H DIVIDING FILIAL RESPONSIBILITY IN ADULT SIBLING GROUPS	07/01/87-06/30/88	CASE WESTERN RESERVE UNIVERSITY	97,323
5 R01 AG03501-05	LEVENTHAL, HOWARD SYMPTOM AND EMOTION STIMULI TO HEALTH ACTION IN ELDERLY	12/01/86-11/30/87	UNIVERSITY OF WISCONSIN MADISON	328,922
5 R01 AG03527-05	CHATTERJEE, BANDANA AGE & HORMONE DEPENDENT REGULATION OF HEPATIC PROTEIN	07/01/87-06/30/88	OAKLAND UNIVERSITY	121,384
2 R01 AG03578-04A1	CHEN, KUANG Y POLYAMINES AND CELLULAR AGING	05/01/87-04/30/88	RUTGERS THE STATE UNIV NEW BRUNSWICK	128,420
* 3 P01 AG03633-04S1	TS'O, PAUL O CELLULAR AND MOLECULAR STUDY OF DIFFERENTIATION/AGING	09/01/87-07/31/88	JOHNS HOPKINS UNIVERSITY	111,300
5 P01 AG03705-05	BOLLER, FRANCOIS ALZHEIMER AND RELATED DEMENTIAS: A LONGITUDINAL STUDY	03/01/87-02/29/88	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	510,632
5 P01 AG03742-05	DIOKNO, ANANIAS C URINARY CONTINENCE AND INCONTINENCE IN THE ELDERLY	02/01/87-01/31/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	301,622
5 R01 AG03764-04	DE PAOLO, LOUIS V EFFECTS OF AGING ON THE REGULATION OF FSH SECRETION	07/01/87-06/30/88	UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT	64,918
5 R01 AG03787-05	SHMOOKLER REIS, ROBERT J STRUCTURAL CHANGES IN HUMAN REPETITIVE DNA DURING AGING	02/01/87-01/31/88	UNIVERSITY OF ARKANSAS MED SCIS LTL ROCK	129,801
2 R01 AG03792-04	JENNINGS, J RICHARD ATTENTION, AROUSAL AND AGING	01/01/87-12/31/88	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	78,113
2 P01 AG03853-05	BLASS, JOHN P GERIATRIC DEMENTIA RESEARCH CLINIC	06/01/87-05/31/88	BURKE REHABILITATION CTR (WHITE PLNS,NY)	379,651
5 R01 AG03871-02	NYDEGGER, CORINNE N WORK AND FAMILY RELATIONS IN LATER LIFE	02/01/87-01/31/88	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	97,742
5 R01 AG03884-06	WRIGHT, BARBARA E COMPUTER ANALYSIS OF AGING IN DICTYOSTELIUM	12/01/86-11/30/87	UNIVERSITY OF MONTANA	208,414
2 P01 AG03934-06A1	KAYE, DONALD TEACHING NURSING HOME	09/01/87-08/31/88	PHILADELPHIA GERIATRIC CTR-FRIEDMAN HOSP	1,449,432

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2 P01 AG03949-06	WOLFSON, LESLIE I TEACHING NURSING HOME	09/01/87-08/31/88	YESHIVA UNIVERSITY	1,230,362
5 P01 AG03975-03	TOBIS, JEROME S INTERVENTION EFFECTS--PSYCHOBIOLOGICAL DECLINE IN AGING	02/01/87-01/31/88	UNIVERSITY OF CALIFORNIA IRVINE	812,437
5 R01 AG03978-06	MILLER, RICHARD A AGING EFFECTS ON IL-2 SECRETING HELPER T CELLS	08/01/87-07/31/88	BOSTON UNIVERSITY	164,061
5 P01 AG03990-04	BARRETT-CONNOR, ELIZABETH L TEACHING NURSING HOME PROJECT	05/01/87-04/30/88	UNIVERSITY OF CALIFORNIA SAN DIEGO	384,036
5 P01 AG03991-04	BERG, LEONARD HEALTHY AGING AND SENILE DEMENTIA	01/01/87-12/31/87	WASHINGTON UNIVERSITY	636,947
5 R01 AG04043-02	MC INTOSH, WILLIAM A SOCIAL SUPPORT, STRESS, THE AGED'S DIET AND NUTRITION	12/01/86-11/30/87	TEXAS AGRI AND MECH UNIV COLLEGE STATION	164,852
2 R01 AG04067-03	LISKA, ALLEN E FEAR OF CRIME AMONG THE ELDERLY	01/01/87-12/31/87	STATE UNIVERSITY OF NEW YORK AT ALBANY	41,509
5 R01 AG04070-04	KIYAK, H ASUMAN ADAPTATION AMONG ELDERLY WITH ALZHEIMER'S DISEASE	06/01/87-05/31/88	UNIVERSITY OF WASHINGTON	183,497
5 R01 AG04085-05	MURPHY, CLAIRE L CHEMOSENSORY PERCEPTION AND PSYCHOPHYSICS IN THE AGED	07/01/87-06/30/88	SAN DIEGO STATE UNIVERSITY	99,370
5 R01 AG04092-05	BENGTSON, VERN L A LONGITUDINAL STUDY OF AGING PARENTS	04/01/87-03/31/88	UNIVERSITY OF SOUTHERN CALIFORNIA	127,657
5 R01 AG04100-05	FONG, SHERMAN BONE MARROW IN IMMUNOLOGIC AGING AND AUTOIMMUNITY	07/01/87-06/30/88	SCRIPPS CLINIC AND RESEARCH FOUNDATION	62,748
2 R01 AG04114-04A1	ZELINSKI, ELIZABETH M ADULT AGE DIFFERENCES IN ONLINE READING COMPREHENSION	12/01/86-11/30/87	UNIVERSITY OF SOUTHERN CALIFORNIA	112,248
5 R01 AG04145-05	YEN, SHU-HUI C AGING AND ALZHEIMER DEMENTIA: ROLE OF FIBROUS PROTEIN	05/01/87-04/30/88	YESHIVA UNIVERSITY	194,289
2 R01 AG04146-04	BOOTH, ALAN MARTIAL INSTABILITY OVER THE LIFE COURSE	06/01/87-05/31/88	UNIVERSITY OF NEBRASKA LINCOLN	137,119

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5 R01 AG04178-05	CLAUSEN, JOHN A OCCUPATION AND FAMILY IN LATER MATURITY	04/01/87-03/31/88	UNIVERSITY OF CALIFORNIA BERKELEY	67,170
2 R01 AG04212-05A1	OWSLEY, CYNTHIA SPATIAL VISION & AGING: UNDERLYING MECHANISMS	07/01/87-06/30/88	UNIVERSITY OF ALABAMA AT BIRMINGHAM	132,937
2 P01 AG04220-04A1	WISNIEWSKI, HENRYK M AGING AND SENILE DEMENTIA OF THE ALZHEIMER TYPE	07/01/87-06/30/88	INSTITUTE FOR BASIC RES IN DEV DISABIL	330,373
5 R01 AG04238-03	BLUMENTHAL, JAMES A PHYSIOLOGY, COGNITION, AND EXERCISE IN NORMAL ADULTS	08/01/87-07/31/88	DUKE UNIVERSITY	226,716
5 R01 AG04244-03	PULLARKAT, RAJU K DOLICHOL IN AGING	01/01/87-12/31/87	INSTITUTE FOR BASIC RES IN DEV DISABIL	82,825
5 R37 AG04287-05	STEVENS, JOSEPH C CHEMICAL SENSES AND AGING	09/01/87-08/31/88	JOHN B. PIERCE FOUNDATION LAB, INC.	149,447
5 R01 AG04303-03	BLIZZARD, ROBERT M THE ROLE OF GROWTH HORMONE IN THE AGING PROCESS	12/01/86-11/30/87	UNIVERSITY OF VIRGINIA CHARLOTTESVILLE	168,280
5 R01 AG04306-03	ZACKS, ROSE T AGING, WORKING MEMORY CAPACITY, AND DISCOURSE PROCESSING	07/01/87-06/30/88	MICHIGAN STATE UNIVERSITY	127,667
5 R01 AG04307-05	CHASE, MICHAEL H STATE-DEPENDENT SOMATOMOTOR PROCESSES	04/01/87-03/31/88	UNIVERSITY OF CALIFORNIA LOS ANGELES	142,013
5 R01 AG04321-05	MOSS, MARK B BASAL FOREBRAIN AND LIMBIC SYSTEM IN AGE-RELATED DISEASE	07/01/87-06/30/88	BOSTON UNIVERSITY	218,399
5 R01 AG04322-03	LA ROSA, JOHN C METABOLIC EFFECTS OF HORMONE REPLACEMENT/POST-MENOPAUSE	09/01/87-08/31/88	GEORGE WASHINGTON UNIVERSITY	525,789
5 R01 AG04337-05	CUNNINGHAM, WALTER R AGE CHANGES IN INTELLECTUAL ABILITIES IN THE ELDERLY	07/01/87-06/30/88	UNIVERSITY OF FLORIDA	50,927
5 P01 AG04342-05	OLDSTONE, MICHAEL B VIROLOGIC AND IMMUNOLOGIC STUDIES ON AGING	08/01/87-07/31/88	SCRIPPS CLINIC AND RESEARCH FOUNDATION	584,626
2 R37 AG04344-04	PORTER, JOHN C AGING AND MOLECULAR NEUROENDOCRINE IMPAIRMENT	02/01/87-01/31/88	UNIVERSITY OF TEXAS HLTH SCI CTR DALLAS	144,563

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* 3 R01 AG04350-03S1	HUANG, RU-CHIH C ACTIVATION OF A TYPE VIRAL GENE EXPRESSION DURING AGING	12/01/86-03/31/88	JOHNS HOPKINS UNIVERSITY	50,683
5 R01 AG04351-03	HUANG, HENRY HIVE-HO HYPOTHALAMIC TRANSPLANT/NEUROENDOCRINE FUNCTION AGING	01/01/87-06/30/87	MERCY HOSPITAL AND MED CTR (CHICAGO)	78,156
5 R01 AG04360-05	FARR, ANDREW G AGE DEPENDENT MODULATION OF T-CELL FUNCTION	07/01/87-06/30/88	UNIVERSITY OF WASHINGTON	147,771
2 R01 AG04366-04	MAGAZINER, JAY AGED LIVING ALONE: MEDICAL & PSYCHIATRIC CONSEQUENCES	09/01/87-08/31/88	UNIVERSITY OF MARYLAND BALT PROF SCHOOL	135,149
2 R01 AG04375-03	NEWMAN, SANDRA J LIFE ADJUSTMENTS TO AGING: AN EVALUATION OF NEW DATA	01/15/87-12/31/87	JOHNS HOPKINS UNIVERSITY	142,856
5 R01 AG04384-05	HAAR, JACK L THE STEM CELL - THYMUS AXIS	04/01/87-03/31/88	VIRGINIA COMMONWEALTH UNIVERSITY	108,888
5 P01 AG04390-05	ROWE, JOHN W HRCA/HARVARD RESEARCH NURSING HOME	09/01/87-08/31/88	HEBREW REHABILITATION CENTER FOR AGED	530,342
3 P01 AG04390-05S1	ROWE, JOHN W PERCEPTION OF AFFECT IN PATIENTS WITH ALZHEIMER'S	09/01/87-08/31/88	HEBREW REHABILITATION CENTER FOR AGED	53,773
5 P01 AG04391-05	FORD, AMASA B TEACHING NURSING HOME AWARD	09/01/87-08/31/88	CASE WESTERN RESERVE UNIVERSITY	403,150
5 P01 AG04393-03	WARREN, JOHN W COMPLICATIONS OF LONG-TERM URINARY CATHETERS IN THE AGED	12/01/86-11/30/87	UNIVERSITY OF MARYLAND BALT PROF SCHOOL	580,982
5 P01 AG04402-05	ZIEVE, PHILIP D ACADEMIC NURSING HOME	09/01/87-08/31/88	JOHNS HOPKINS UNIVERSITY	827,228
5 P01 AG04418-04	HOFFER, BARRY J PHARMACOLOGICAL SUBSTRATES IN AGING	03/01/87-02/29/88	UNIVERSITY OF COLORADO HLTH SCIENCES CTR	301,300
3 P01 AG04418-04S1	HOFFER, BARRY J PROGRAM PROJECT: PHARMACOLOGICAL SUBSTRATES IN AGING	03/01/87-02/29/88	UNIVERSITY OF COLORADO HLTH SCIENCES CTR	59,967
5 P01 AG04419-04	WALFORD, ROY L HISTOCOMPATIBILITY SYSTEMS AND AGING	08/01/87-07/31/88	UNIVERSITY OF CALIFORNIA LOS ANGELES	610,963

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5 P01 AG04458-03	REAVEN, GERALD M MULTIDISCIPLINARY STUDY OF GERIATRIC CHRONIC HEALTH CARE	03/01/87-02/29/88	STANFORD UNIVERSITY	639,799
5 R01 AG04491-03	ZWILLICH, CLIFFORD W SLEEP APNEA-HYPOPNEA ANATOMY AND VENTILATORY CONTROL	01/01/87-12/31/87	PENNSYLVANIA STATE UNIV HERSHEY MED CTR	115,375
5 R01 AG04503-03	FRIEDBERGER, MARK W FARM FAMILY INTERGENERATIONAL RELATIONS	01/01/87-06/30/87	UNIVERSITY OF ILLINOIS AT CHICAGO	26,251
2 R37 AG04517-04	WINGFIELD, ARTHUR AGE AND DECISION STRATEGIES IN RUNNING MEMORY FOR SPEECH	04/01/87-03/31/88	BRANDEIS UNIVERSITY	92,766
2 R01 AG04518-04	HUI, SIU LUI LONGITUDINAL STUDIES OF BONE LOSS IN AGING	02/01/87-01/31/88	INDIANA UNIV-PURDUE UNIV AT INDIANAPOLIS	47,322
5 R01 AG04520-03	RICHARDSON, ARLAN G EFFECT OF AGING ON GENE EXPRESSION	12/01/86-11/30/87	ILLINOIS STATE UNIVERSITY	61,494
5 R01 AG04522-03	MAROTTA, CHARLES A AGING OF MRNA IN NORMAL AND ALZHEIMER'S DISEASE BRAINS	12/01/86-11/30/87	MC LEAN HOSPITAL (BELMONT, MA)	284,071
2 R01 AG04542-04	LANDFIELD, PHILIP W HIPPOCAMPAL SYNAPTIC STRUCTURE - PHYSIOLOGY DURING AGING	05/01/87-04/30/88	WAKE FOREST UNIVERSITY	95,492
2 R01 AG04545-04A1	MAN, EUGENE H IMPLICATIONS OF D-ASPARTATE IN AGING BRAIN	07/01/87-06/30/88	UNIVERSITY OF MIAMI	115,446
2 R01 AG04563-04	MC CLEARN, GERALD E GENETIC AND ENVIROMENTAL INFLUENCES IN BEHAVIORAL AGING	01/15/87-12/31/87	PENNSYLVANIA STATE UNIVERSITY PARK	348,002
5 R01 AG04569-03	RUBEN, FREDERICK L EPIDEMIOLOGY OF INFECTIONS IN AMBULATORY ELDERLY	09/01/87-08/31/88	MONTEFIORE HOSPITAL (PITTSBURGH)	135,109
5 R01 AG04572-04	GALLAGHER, DOLORES E ENHANCING CAREGIVERS CAPACITY TO CARE FOR FRAIL ELDERS	04/01/87-03/31/88	U.S. VETS ADMIN MED CTR (PALO ALTO)	74,395
5 P30 AG04590-04	CLUBB, JEROME M FACTORS IN AGING: DEVELOPMENT OF RESEARCH RESOURCES	05/01/87-04/30/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	370,518
5 R01 AG04591-03	WURTMAN, JUDITH J NUTRIENT CHOICE AND BEHAVIORAL RESPONSES WITH AGING	12/01/86-03/31/88	MASSACHUSETTS INSTITUTE OF TECHNOLOGY	175,435

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	2 R01 AG04594-04	STANSKI, DONALD R IV ANESTHETIC DISPOSITION IN THE AGED HEMODYNAMIC STATE	04/01/87-03/31/88	STANFORD UNIVERSITY	191,287
	5 R01 AG04603-03	DUTHIE, EDMUND H, JR EVALUATION FOR INFECTION RISK IN GERIATRIC CARE SETTINGS	06/01/87-05/31/88	MEDICAL COLLEGE OF WISCONSIN	89,973
*	3 R01 AG04612-03S1	BOGDEN, JOHN D EFFECT OF ZINC ON IMMUNOCOMPETENCE IN THE ELDERLY	02/01/87-10/31/87	UNIVERSITY OF MEDICINE & DENTISTRY OF NJ	20,514
*	3 R01 AG04612-03S2	BOGDEN, JOHN D EFFECT OF ZINC ON IMMUNOCOMPETENCE IN THE ELDERLY	04/15/87-10/31/87	UNIVERSITY OF MEDICINE & DENTISTRY OF NJ	2,232
	5 R01 AG04623-03	BUSCHKE, HERMAN MEMORY AND COGNITION IN ALZHEIMER'S DISEASE AND AGING	12/01/86-11/30/87	YESHIVA UNIVERSITY	176,353
	5 R44 AG04647-03	CZAJA, SARA J WORD PROCESSING TRAINING FOR OLDER WORKERS	05/01/87-04/30/88	ADVANCED AUTOMATION CONCEPTS, INC.	236,977
	5 R01 AG04661-05	HORTON, WILLIAM A PATHOLOGIC STUDIES IN A HUMAN MODEL OF OSTEOARTHROSIS	09/01/87-08/31/88	UNIVERSITY OF TEXAS HLTH SCI CTR HOUSTON	81,979
	5 P01 AG04673-03	MC KINLAY, SONJA M HEALTH AND EFFECTIVE FUNCTIONING IN THE NORMALLY AGING	09/01/87-08/31/88	AMERICAN INSTITUTES FOR RESEARCH	977,361
	5 R01 AG04719-03	JOPE, RICHARD S CHOLINERGIC ACTIVITY IN ALZHEIMER'S DISEASE	01/01/87-12/31/87	UNIVERSITY OF ALABAMA AT BIRMINGHAM	66,356
	5 P01 AG04727-06	GALLOP, PAUL M AGING CELL AND TISSUES	05/01/87-04/30/88	CHILDREN'S HOSPITAL (BOSTON)	512,629
	2 R01 AG04736-04	THONAR, EUGENE J AGE-RELATED DIFFERENCES IN CARTILAGE PROTEOGLYCANS	04/01/87-03/31/88	RUSH-PRESBYTERIAN-ST LUKES MEDICAL CTR	109,886
	2 R01 AG04743-03A1	ALWIN, DUANE F POLITICAL ORIENTATIONS OVER THE LIFE-SPAN	08/01/87-07/31/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	144,890
	5 R01 AG04749-05	SMITH, JAMES R SENESCENCE FACTOR IDENTITY: PROTEIN MRNA & GENOMIC DNA	09/01/87-08/31/88	BAYLOR COLLEGE OF MEDICINE	200,771
	5 R01 AG04753-03	PARKENING, TERRY A EFFECTS OF PATERNAL AGE ON REPRODUCTION	12/01/86-11/30/88	UNIVERSITY OF TEXAS MED BR GALVESTON	48,892

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1 R01 AG04755-01A3	FAHIM, MOHAMED A NEUROMUSCULAR PLASTICITY DURING AGING	08/01/87-07/31/88	UNIVERSITY OF SOUTHERN CALIFORNIA	80,103
2 R37 AG04791-04	NEBES, ROBERT D SEMANTIC MEMORY IN ALZHEIMER DISEASE	04/01/87-03/31/88	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	91,130
* 3 R01 AG04804-02S1	FIFKOVA, EVA ACTIN FILAMENTS AND CALCIUM IN NEURONS	07/01/87-09/28/87	UNIVERSITY OF COLORADO AT BOULDER	29.365
2 R01 AG04804-03	FIFKOVA, EVA ACTIN FILAMENTS & CALCIUM IN NEURONS OF AGED RATS	09/29/87-08/31/88	UNIVERSITY OF COLORADO AT BOULDER	75,005
2 R37 AG04810-04	LU, JOHN K HORMONE SECRETION AND PREGNANCY DURING AGING	04/01/87-03/31/88	UNIVERSITY OF CALIFORNIA LOS ANGELES	127,593
5 R01 AG04811-05	STEIN, GRETCHEN H CONTROL OF CELL PROLIFERATION IN HUMAN CELLS	09/01/87-08/31/88	UNIVERSITY OF COLORADO AT BOULDER	41,227
2 R01 AG04818-07A1	MEHLHORN, ROLF J ASYMMETRY OF THE INNER MITOCHONDRIAL MEMBRANE	09/30/87-08/31/88	UNIVERSITY OF CALIF-LAWRENC BERKELEY LAB	174,217
2 R01 AG04821-04	OZER, HARVEY L IMMORTALIZATION OF SV40-TRANSFORMED HUMAN CELLS	09/01/87-08/31/88	HUNTER COLLEGE	165,184
2 P01 AG04860-04	THORBECKE, GEERTRUIDA J THE EFFECT OF AGING ON THE IMMUNE RESPONSE	08/01/87-07/31/88	NEW YORK UNIVERSITY	671,057
5 P01 AG04861-02	LEVINE, ELLIOT M STUDIES OF HUMAN ENDOTHELIAL CELLS OF DIVERSE ORIGIN	12/01/86-11/30/87	WISTAR INSTITUTE OF ANATOMY AND BIOLOGY	703,045
5 R44 AG04867-03	COLVIN, DAVID P FALL INJURY PREVENTION SYSTEM FOR THE AGED	09/01/87-08/31/88	TRIANGLE RESEARCH AND DEVELOPMENT CORP	178,339
5 P01 AG04875-04	RIGGS, BYRON L PHYSIOLOGY OF BONE METABOLISM IN AN AGING POPULATION	09/01/87-08/31/88	MAYO FOUNDATION	403,658
3 P01 AG04875-04S1	RIGGS, BYRON L PHYSIOLOGY OF BONE METABOLISM IN AN AGING POPULATION	09/01/87-08/31/88	MAYO FOUNDATION	238,764
5 P01 AG04877-03	FEATHERMAN, DAVID L INDIVIDUAL AGING	02/01/87-08/31/88	UNIVERSITY OF WISCONSIN MADISON	536,730

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2 R01 AG04884-04	SHAPIRO, EUGENE D CLINICAL EFFICACY OF PNEUMOCOCCAL VACCINE IN THE ELD-	09/30/87-08/31/88	YALE UNIVERSITY	186,863
5 R01 AG04889-03	PARK, JANIE C AGE-RELATED CHANGES IN THE VESTIBULAR LABYRINTH	05/01/87-04/30/88	FLORIDA INSTITUTE OF TECHNOLOGY	60,955
7 R01 AG04895-03	ECKERT, J KEVIN UNLICENSED BOARD/CARE HOMES AND ELDERS' WELL-BEING	05/01/87-04/30/88	UNIVERSITY OF MARYLAND BALT CO CAMPUS	96,473
5 R23 AG04897-03	DANIELS, CHRISTOPHER K EFFECTS OF AGING ON THE HEPATOBILIARY METABOLISM OF IGA	05/01/87-04/30/88	UNIVERSITY OF CALIFORNIA DAVIS	42,212
5 R01 AG04907-02	ESPOSITO, ANTHONY L AGING AND LUNG HOST DEFENSE IN PNEUMOCOCCAL PNEUMONIA	12/01/86-11/30/87	UNIVERSITY HOSPITAL (BOSTON)	83,147
5 R01 AG04908-03	COX, ROBERT H AGING AND ARTERIAL SMOOTH MUSCLE PHARMACOLOGY	09/01/87-08/31/88	GRADUATE HOSPITAL (PHILADELPHIA)	238,997
2 R01 AG04915-03	HAYWARD, MARK D DIMENSIONS OF THE WORK ROLE AND THE RETIREMENT DECISION	12/01/86-11/30/87	BATTELLE MEMORIAL INSTITUTE	153,135
5 R01 AG04932-03	SMITH, JAMES C THE AGE-RELATED EFFECT OF THE SWEET TASTE IN THE RAT	12/01/86-03/31/88	FLORIDA STATE UNIVERSITY	80,888
5 R01 AG04939-03	FLOOD, JAMES F ANIMAL MODEL--DRUG THERAPY OF SENILE AMNESIAS	08/01/87-07/31/88	UNIVERSITY OF CALIFORNIA LOS ANGELES	50,108
5 P01 AG04948-02	MC CLEARN, GERALD E MULTIPLE BIOMARKERS OF AGING--GENETIC MODEL	08/01/87-07/31/88	PENNSYLVANIA STATE UNIVERSITY PARK	766,711
2 P01 AG04953-04	ALBERT, MARILYN S AGE-RELATED CHANGES OF COGNITION IN HEALTH & DISEASE	08/01/87-07/31/88	MASSACHUSETTS GENERAL HOSPITAL	665,748
5 R01 AG04954-04	EAVES, LINDON J GENETIC MODELS OF DEVELOPMENT AND AGING	07/01/87-06/30/88	VIRGINIA COMMONWEALTH UNIVERSITY	71,340
3 R01 AG04957-01S1	LASKER, JUDITH N COMMUNITY SOCIAL CHANGE AND MORTALITY	09/30/87-04/30/88	LEHIGH UNIVERSITY	60,492
1 R01 AG04958-01A2	WORRALL, JOHN D AGE & COST OF OCCUPATIONAL INJURY & DISEASE	07/01/87-06/30/88	RUTGERS THE STATE UNIV NEW BRUNSWICK	108,027

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5 R01 AG04959-02	MC GINN, MICHAEL D CORTICAL EFFECTS OF HEARING LOSS IN AGING	01/01/87-12/31/87	UNIVERSITY OF CALIFORNIA DAVIS	83,272
2 R01 AG04969-04	SATARIANO, WILLIAM A HEALTH AND FUNCTIONING IN OLDER WOMEN WITH BREAST CANCER	07/01/87-06/30/88	MICHIGAN CANCER FOUNDATION	299,777
5 R01 AG04980-27	THORBECKE, GEERTRUIDA J LYMPHOID CELLS PRODUCTION OF ANTIBODIES	04/01/87-03/31/88	NEW YORK UNIVERSITY	222,845
5 R01 AG04984-03	RIKANS, LORA E INFLUENCE OF AGING ON HEPATOTOXICITY	09/01/87-08/31/88	UNIVERSITY OF OKLAHOMA HLTH SCIENCES CTR	73,286
5 R01 AG04992-03	SCHACHER, SAMUEL M REDUCED SYNAPTOGENESIS IN THE ADULT CNS	12/01/86-11/30/87	NEW YORK STATE PSYCHIATRIC INSTITUTE	65,020
5 R01 AG04993-03	BALIN, ARTHUR K DOES OXIDATIVE DAMAGE CONTRIBUTE TO THE AGING PROCESS	09/01/87-08/31/88	ROCKEFELLER UNIVERSITY	182,617
5 R01 AG05004-03	JONES, ERVIN E NEUROENDROCINE BASIS OF AGE-RELATED REPRODUCTIVE FAILURE	12/01/86-11/30/87	YALE UNIVERSITY	129,488
1 R43 AG05018-01A2	ALLESSIO, HELAINE M EFFECTS OF A HEALTH AND WELL PROGRAM UPON THE ELDERLY	04/01/87-09/30/87	ADULTS HEALTH AND DEVELOPMENT PROG, INC.	49,950
5 R01 AG05073-03	KAYSER-JONES, VIRGENE S TREATMENT OF ACUTE ILLNESS IN NURSING HOMES	09/01/87-08/31/88	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	133,607
5 R01 AG05082-02	RICHARDSON, DANIEL R AGING EFFECTS ON CAPILLARY BLOOD FLOW IN HUMAN SKIN	08/01/87-07/31/88	UNIVERSITY OF KENTUCKY	77,781
2 R44 AG05095-02A1	JONAS, OTAKER DEVICE FOR AUTOMATIC DETECTION OF URINATION	07/01/87-06/30/88	JONAS, INC.	92,375
5 R01 AG05107-04	CRIMMINS, EILEEN M DOES IMPROVEMENT IN MORTALITY MEAN BETTER HEALTH?	08/01/87-07/31/88	UNIVERSITY OF SOUTHERN CALIFORNIA	87,537
5 R01 AG05110-03	MADDEN, DAVID J ADULT AGE DIFFERENCES IN COMPONENT PROCESSES OF READING	12/01/86-11/30/87	DUKE UNIVERSITY	88,881
5 P01 AG05119-03	MARKESBERY, WILLIAM R BIOCHEMICAL/MORPHOLOGICAL STUDIES/ALZHEIMER'S DISEASE	12/01/86-11/30/87	UNIVERSITY OF KENTUCKY	492,086

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5 R01 AG05120-03	SVARSTAD, BONNIE L PREDICTING THE USE OF SLEEP MEDICATIONS IN NURSING HOMES	09/01/87-08/31/88	UNIVERSITY OF WISCONSIN MADISON	67,263
5 P50 AG05128-03	ROSES, ALLEN D ALZHEIMER DISEASE RESEARCH CENTER	05/01/87-04/30/88	DUKE UNIVERSITY	1,185,539
5 P50 AG05131-04	KATZMAN, ROBERT ALZHEIMER'S DISEASE RESEARCH CENTER	07/01/87-06/30/88	UNIVERSITY OF CALIFORNIA SAN DIEGO	1,160,466
5 P50 AG05133-03	BOLLER, FRANCOIS ALZHEIMER DISEASE RESEARCH CENTER	05/01/87-04/30/88	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	1,318,191
5 P50 AG05134-04	GROWDON, JOHN H ALZHEIMER'S DISEASE RESEARCH CENTER	07/01/87-06/30/88	HARVARD UNIVERSITY	853,817
* 3 P50 AG05134-04S2	GROWDON, JOHN H ALZHEIMER'S DISEASE RESEARCH CENTER	09/30/87-06/30/88	HARVARD UNIVERSITY	142,759
5 P50 AG05136-03	MARTIN, GEORGE M ALZHEIMER DISEASE RESEARCH CENTER	05/01/87-04/30/88	UNIVERSITY OF WASHINGTON	1,458,591
5 P50 AG05138-04	DAVIS, KENNETH L ALZHEIMER'S DISEASE RESEARCH CENTER	07/01/87-06/30/88	MOUNT SINAI SCHOOL OF MEDICINE	579,048
3 P50 AG05138-04S1	DAVIS, KENNETH L THE EFFICACY OF THA IN ALZHEIMER'S DISEASE	08/04/87-06/30/88	MOUNT SINAI SCHOOL OF MEDICINE	976,653
5 P50 AG05142-04	FINCH, CALEB E ALZHEIMER'S DISEASE RESEARCH CENTER	07/01/87-06/30/88	UNIVERSITY OF SOUTHERN CALIFORNIA	697,650
5 P50 AG05144-03	MARKESBERY, WILLIAM R ALZHEIMER DISEASE RESEARCH CENTER	05/01/87-04/30/88	UNIVERSITY OF KENTUCKY	226,866
5 P50 AG05146-04	PRICE, DONALD L AGING AND ALZHEIMER'S DISEASE--CLINICAL & BASIC RESEARCH	07/01/87-06/30/88	JOHNS HOPKINS UNIVERSITY	1,148,062
5 R01 AG05150-02	WEILER, PHILIP G ADULT CHILD CARETAKERS DEPENDENT PARENTS PROCESS STUDY	12/01/86-11/30/87	UNIVERSITY OF CALIFORNIA DAVIS	144,952
5 R01 AG05154-03	STELMACH, GEORGE E MOVEMENT PARAMETERIZATION DEFICITS WITH AGE	01/01/87-12/31/87	UNIVERSITY OF WISCONSIN MADISON	51,250

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5 R01 AG05169-03	KIRASIC, KATHLEEN C AGING AND SPATIAL COGNITION	05/01/87-04/30/88	OLD DOMINION UNIVERSITY	50,712	
5 U01 AG05170-04	FANTL, JOHN A BEHAVIORAL THERAPY FOR URINARY INCONTINENCE IN FEMALES	09/01/87-08/31/88	VIRGINIA COMMONWEALTH UNIVERSITY	2,503	J
5 R01 AG05181-03	BERKANOVIC, EMIL PSYCHOSOCIAL FACTORS IN THE AGED'S USE OF HMO SERVICES	09/01/87-08/31/88	MAXICARE RESEARCH AND EDUCATION FDN	146,148	
5 R01 AG05200-03	SALTZ, ELI AGING, MEMORY AND PROCESSING FOR MEANING	05/01/87-04/30/88	WAYNE STATE UNIVERSITY	90,526	
5 R23 AG05202-03	DALSKY, GAIL P EXERCISE AND BONE DENSITY IN POSTMENOPAUSAL WOMEN	03/01/87-02/29/88	WASHINGTON UNIVERSITY	43,547	
5 R01 AG05204-03	RUBINSTEIN, ROBERT L ETHNICITY AND LIFE REORGANIZATION BY ELDERLY WIDOWERS	08/01/87-07/31/88	PHILADELPHIA GERIATRIC CTR-FRIEDMAN HOSP	125,293	
5 R01 AG05206-02	ANTONOVSKY, AARON RETIREMENT, COPING AND HEALTH: A LONGITUDINAL STUDY	03/01/87-02/29/88	BEN-GURION UNIVERSITY OF THE NEGEV	85,387	
5 R01 AG05213-02	FRIEDMAN, DAVID EFFECTS OF AGING ON COGNITIVE ERPD/CARDIAC WAVEFFECT	05/01/87-04/30/88	NEW YORK STATE PSYCHIATRIC INSTITUTE	106,157	
5 R01 AG05214-03	ELLIS, JOHN RESPONSES OF SUBPOPULATIONS OF MUSCARINIC RECEPTORS	02/01/87-01/31/88	UNIVERSITY OF VERMONT & ST AGRIC COLLEGE	89,103	
1 R01 AG05219-01A2	KUMAR, MAHENDRA ALZHEIMER DISEASE & AGING--BRAIN REACTIVE ANTIBODIES	08/01/87-07/31/88	UNIVERSITY OF MIAMI	96,214	
5 R01 AG05223-03	WARREN, WILLIAM H, JR AGE-RELATED CHANGES IN THE VISUAL CONTROL OF LOCOMOTION	06/01/87-05/31/88	BROWN UNIVERSITY	101,043	
5 R01 AG05237-02	KENNEDY, RICHARD H SENSITIVITY TO DIGITALIS-INDUCED ARRHYTHMIAS IN AGING	08/01/87-07/31/88	UNIVERSITY OF ARKANSAS MED SCIS LTL ROCK	95,094	
5 R01 AG05238-03	YOUNG, VERNON R ZINC AND COPPER METABOLISM IN THE ELDERLY	06/01/87-05/31/88	MASSACHUSETTS INSTITUTE OF TECHNOLOGY	120,849	
5 R23 AG05239-03	NIKAIDO, ARLENE M AGE-RELATED CHANGES IN SENSITIVITY TO BENZODIAZEPINES	12/01/86-11/30/87	DUKE UNIVERSITY	46,932	

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5 R01 AG05240-03	YOSHIKAWA, THOMAS T RELATIONSHIP OF AGING, FEVER AND CELL MEDIATED IMMUNITY	02/01/87-01/31/89	UNIVERSITY OF CALIFORNIA LOS ANGELES	72,406
5 R23 AG05245-03	WEINERT, CLARANN SOCIAL SUPPORT--NURSING AND LONG-TERM ILLNESS	08/01/87-07/31/88	MONTANA STATE UNIVERSITY	46,166
5 R01 AG05248-03	YOUNG, ROSALIE F MENTAL HEALTH, ADAPTATION AND CARE OF AGED	12/01/86-11/30/88	WAYNE STATE UNIVERSITY	87,991
5 U01 AG05260-04	BURNS, PATRICIA A STRESS OR MIXED INCONTINENCE--A BEHAVIORAL INTERVENTION	09/01/87-08/31/88	STATE UNIVERSITY OF NEW YORK AT ALBANY	166,052
* 3 U01 AG05267-02S1	O'DONNELL, PAT D BIOFEEDBACK THERAPY OF URINARY INCONTINENCE IN THE AGED	12/03/86-12/31/86	UNIVERSITY OF ARKANSAS MED SCIS LTL ROCK	3,440
5 U01 AG05267-03	O'DONNELL, PAT D BIOFEEDBACK THERAPY OF URINARY INCONTINENCE IN THE AGED	01/01/87-12/31/87	UNIVERSITY OF ARKANSAS MED SCIS LTL ROCK	138,257
* 3 U01 AG05270-03S1	SCHNELLE, JOHN F BEHAVIORAL MANAGEMENT OF URINARY INCONTINENCE	04/01/87-12/31/87	MIDDLE TENNESSEE STATE UNIVERSITY	15,999
5 R01 AG05284-02	DAVIS, MARADEE A LIVING ARRANGEMENTS & DIETARY STATUS U S ADULTS	02/01/87-01/31/88	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	189,121
3 R01 AG05284-02S1	DAVIS, MARADEE A LIVING ARRANGEMENTS & DIETARY STATUS OF U.S. ADULTS	09/30/87-01/31/88	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	35,187
5 R23 AG05290-03	HORTON, JURETA W AGING AND THE MYOCARDIAL RESPONSE TO BURN INJURY	09/01/87-08/31/88	UNIVERSITY OF TEXAS HLTH SCI CTR DALLAS	46,169
5 R01 AG05304-03	WILLIS, SHERRY L LONG-TERM EFFECTS OF COGNITIVE TRAINING IN THE ELDERLY	06/01/87-05/31/88	PENNSYLVANIA STATE UNIVERSITY PARK	119,795
5 F32 AG05307-03	BRISKI, KAREN P SECRETION OF REPRODUCTIVE HORMONES AND AGING	07/01/87-06/30/88	STATE UNIVERSITY OF NEW YORK AT BUFFALO	29,004
5 R01 AG05309-03	EFFROS, RITA B LYMPHOCYTES AS AN IN VITRO MODEL OF SENESCENCE	09/01/87-08/31/88	UNIVERSITY OF CALIFORNIA LOS ANGELES	135,138
5 R23 AG05317-03	WOOLLACOTT, MARJORIE H AGE RELATED CHANGES IN POSTURE AND MOVEMENT PREPARATION	06/01/87-05/31/88	UNIVERSITY OF OREGON	40,748

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5 R01 AG05324-03	REISER, KAREN M COLLAGEN CROSSLINKS/TISSUE MARKERS OF COMPARATIVE AGING	05/01/87-04/30/88	UNIVERSITY OF CALIFORNIA DAVIS	61,932
5 R01 AG05333-03	PEREIRA-SMITH, OLIVIA M A GENETIC ANALYSIS OF INDEFINITE DIVISION IN HUMAN CELLS	05/01/87-04/30/88	BAYLOR COLLEGE OF MEDICINE	93,430
5 F32 AG05334-03	MORRIS, GEORGE S CARDIOVASCULAR ADAPTATIONS TO EXERCISE IN AGING RATS	07/01/87-06/30/88	UNIVERSITY OF CALIFORNIA IRVINE	24,996
5 F32 AG05340-03	ROSENHEIMER, JULIE L AGING OF NEUROMUSCULAR BASAL LAMINA COMPONENTS	03/01/87-02/29/88	UNIVERSITY OF WISCONSIN MADISON	24,996
2 R01 AG05344-03A1	ARMSTRONG, DAVID M CENTRAL CHOLINERGIC NEUROANATOMY IN RATS	08/01/87-07/31/88	UNIVERSITY OF CALIFORNIA SAN DIEGO	124,359
5 F32 AG05345-03	GREEN, EDWARD J EXPERIENCE/HIPPOCAMPUS/SPATIAL BEHAVIOR IN AGING RATS	04/22/87-04/21/88	UNIVERSITY OF COLORADO AT BOULDER	24,996
5 R01 AG05350-03	REIVICH, MARTIN CBF & METABOLISM IN AGING AND DEMENTIA	09/01/87-08/31/88	UNIVERSITY OF PENNSYLVANIA	236,092
5 F32 AG05357-02	WEILAND, NANCY G ADRENERGIC RECEPTORS IN BRAIN DURING REPRODUCTIVE AGING	01/01/87-12/31/87	UNIVERSITY OF MARYLAND BALT PROF SCHOOL	24,996
5 R01 AG05362-02	EVANS, DENIS A EPIDEMIOLOGY OF ALZHEIMER'S DISEASE IN A TOTAL COMMUNITY	05/01/87-04/30/88	BRIGHAM AND WOMEN'S HOSPITAL	275,846
5 F32 AG05365-02	CULPEPPER-MORGAN, JOAN A AGING AND OPOID RECEPTORS IN THE GUT	08/01/87-07/31/88	ST. LUKE'S-ROOSEVELT INST FOR HLTH SCI	29,004
5 R01 AG05366-02	WITKIN, JOAN W AGING LHRH SYSTEM/EM IMMUNOCYTOCHEMICAL STUDIES	12/01/86-11/30/87	COLUMBIA UNIVERSITY NEW YORK	96,711
5 F32 AG05370-03	CLARKSON-SMITH, LOUISE M RELATIONSHIP OF LIFE-STYLE TO COGNITION IN OLDER ADULTS	09/01/87-08/31/88	SCRIPPS COLLEGE	26,004
5 R01 AG05374-03	SZAKAL, ANDRAS K ROLE OF ANTIGEN TRANSPORT BY DENDRITIC CELLS IN AGING	09/01/87-08/31/88	VIRGINIA COMMONWEALTH UNIVERSITY	90,639
5 F32 AG05375-02	MIZUMORI, SHERI J Y HIPPOCAMPAL PHYSIOLOGY AND BEHAVIORAL MEMORY	02/01/87-01/31/88	UNIVERSITY OF COLORADO AT BOULDER	20,004

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1 F32 AG05382-01A2	JOHNSON, GAIL V W AL3+, CAMP, PROTEIN PHOSPHORYLATION & NEURODEGENERATION	07/01/87-06/30/88	UNIVERSITY OF ALABAMA AT BIRMINGHAM	24,996
5 R01 AG05384-02	TAUBMAN, PAUL J MEDICARE AND SHIFTS IN SURVIVOR FUNCTIONS FOR THE AGED	07/01/87-06/30/88	UNIVERSITY OF PENNSYLVANIA	174,779
7 F32 AG05385-02	CHING, GEE Y REGULATION OF EXPRESSION OF STATIN IN AGING FIBROBLASTS	08/09/87- / /	COLUMBIA UNIVERSITY NEW YORK	24,996
* 3 P01 AG05386-03S2	TERRY, ROBERT D SENILE DEMENTIA: ALZHEIMER AND VASCULAR	02/01/87-07/31/87	UNIVERSITY OF CALIFORNIA SAN DIEGO	92,741
5 P01 AG05386-04	TERRY, ROBERT D SENILE DEMENTIA: ALZHEIMER AND VASCULAR	08/01/87-07/31/88	UNIVERSITY OF CALIFORNIA SAN DIEGO	606,218
3 P01 AG05386-04S1	TERRY, ROBERT D SENILE DEMENTIA: ALZHEIMER AND VASCULAR	08/01/87-07/31/88	UNIVERSITY OF CALIFORNIA SAN DIEGO	122,874
7 U09 AG05389-03	FOLSTEIN, MARSHAL F SCIENTIFIC REVIEW AND EVALUATION AWARD	09/01/87-08/31/88	U.S. PHS PUBLIC ADVISORY GROUPS	79,850
* 3 U09 AG05389-03S1	FOLSTEIN, MARSHAL F SCIENTIFIC REVIEW AND EVALUATION AWARD	09/01/87-08/31/88	U.S. PHS PUBLIC ADVISORY GROUPS	588,130
5 F32 AG05391-03	CRONIN-GOLOMB, ALICE M COGNITIVE FUNCTION IN AMNESIA AND ALZHEIMER'S DISEASE	11/01/87-10/31/88	MASSACHUSETTS INSTITUTE OF TECHNOLOGY	26,004
5 F32 AG05393-02	LANDEN, DEBORAH D EPIDEMIOLOGY OF TRAFFIC ACCIDENTS IN THE ELDERLY	09/01/87-08/31/88	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	33,000
5 F32 AG05394-02	SERVICE, PHILIP M GENETICALLY INCREASED LONGEVITY IN MALE DROSOPHILA	08/01/87-07/31/88	UNIVERSITY OF CALIFORNIA DAVIS	27,000
5 R01 AG05394-02	GRIMM, RICHARD H, JR RISK FACTORS FOR HIP AND COLLES' FRACTURES	02/01/87-01/31/88	UNIVERSITY OF MINNESOTA OF MNPLS-ST PAUL	316,439
5 R01 AG05395-03	SEROW, WILLIAM J CHANGING STRUCTURE AND COMPOSITION OF THE OLDEST OLD	08/01/87-07/31/88	FLORIDA STATE UNIVERSITY	77,564
5 F33 AG05396-02	BRUCE, DARRYL R THE AGED AND ANSWERING WHY QUESTIONS ABOUT MEMORY	07/11/87-10/10/87	UNIVERSITY OF TORONTO	7,500

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* 5 F33 AG05396-02X1	BRUCE, DARRYL R THE AGED AND ANSWERING WHY QUESTIONS ABOUT MEMORY	07/11/87-10/10/87	UNIVERSITY OF TORONTO	750
1 F32 AG05397-01	EDGAR, DALE M CIRCADIAN MECHANISMS IN THE CONTROL OF SLEEP	01/01/87-12/31/87	STANFORD UNIVERSITY	20,004
1 F32 AG05399-01A1	LERNER, STEVEN P PULSATILE LH AS AFFECTED BY AGE: TIME SERIES ANALYSIS	08/01/87-07/31/88	UNIVERSITY OF SOUTHERN CALIFORNIA	24,996
5 R01 AG05400-03	MECHANIC, DAVID ILLNESS BEHAVIOR AND MEDICAL USE BY ELDERLY IN AN HMO	05/01/87-04/30/88	RUTGERS THE STATE UNIV NEW BRUNSWICK	100,625
5 F32 AG05402-02	VERDONIK, FREDERICK WM MEMORY FUNCTIONING AND DEVELOPMENT OF AGED ADULTS	10/01/87-09/30/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	20,004
1 F32 AG05407-01A1	PELLEYMOUNTER, MARY A AGING: BASAL FOREBRAIN ACETYLCHOLINE AND SPATIAL MEMORY	08/01/87-07/31/88	UNIVERSITY OF NORTH CAROLINA CHAPEL HILL	24,996
5 R01 AG05407-02	CUMMINGS, STEVEN R RISK FACTORS FOR HIP AND COLLES' FRACTURES	02/01/87-01/31/88	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	482,352
1 F32 AG05408-01A1	STONE, WILLIAM S EFFECTS OF GLUCOSE ON SLEEP & MEMORY IN AGING	07/01/87-06/30/88	UNIVERSITY OF VIRGINIA CHARLOTTESVILLE	20,004
* 3 F32 AG05411-01S2	MILES, TONI P ANTHROPOMETRIC BODY MEASUREMENTS, MORBIDITY, MORTALITY	09/22/86-09/21/87	U.S. NATIONAL INSTITUTES OF HEALTH	110
* 3 F32 AG05411-01S3	MILES, TONI P ANTHROPOMETRIC BODY MEASUREMENTS, MORBIDITY, MORTALITY	09/22/86-09/21/87	U.S. NATIONAL INSTITUTES OF HEALTH	95
* 3 F32 AG05411-01S4	MILES, TONI P ANTHROPOMETRIC BODY MEASUREMENTS, MORBIDITY, MORTALITY	09/22/86-09/21/87	U.S. NATIONAL INSTITUTES OF HEALTH	1,508
5 F32 AG05411-02	MILES, TONI P ANTHROPOMETRIC BODY MEASUREMENTS, MORBIDITY, MORTALITY	09/22/87-09/21/88	U.S. NATIONAL INSTITUTES OF HEALTH	24,000
* 3 F32 AG05414-01S2	CHUKNYISKI, PETER P STUDIES ON THE ACTIVE SITE OF RNA POLYMERASE	05/01/86-04/30/87	U.S. NATIONAL INSTITUTES OF HEALTH	1,720
5 R01 AG05416-02	GIACOBINI, EZIO AGING OF THE BRAIN AND DEMENTIA: EARLY DETECTION	12/01/86-11/30/87	SOUTHERN ILLINOIS UNIVERSITY SCH OF MED	114,178

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1 F32 AG05419-01	RICE, DANIEL M AGING AND EVENT-RELATED POTENTIALS	06/15/87-06/14/88	UNIVERSITY OF CALIFORNIA IRVINE	20,004
1 F32 AG05420-01	CULLUM, COLIN M EPISODIC MEMORAY AS EARLY INDICATOR OF ALZHEIMER DISEASE	07/01/87-06/30/88	UNIVERSITY OF CALIFORNIA SAN DIEGO	20,004
1 F32 AG05422-01	KRISHNAN, ARUNA EFFECT OF AGE & HORMONES ON STEROID BINDING & ACTION	07/01/87-06/30/88	STANFORD UNIVERSITY	27,000
1 F33 AG05423-01	BROWN, KENNETH L REGULATION OF CHOLINE ACETYLTRANSFERASE	09/01/87-08/30/88	UNIVERSITY OF TEXAS HLTH SCI CTR DALLAS	33,000
1 F32 AG05424-01	COLE, GREGORY M IN VITRO MODEL FOR ALZHEIMER MOLECULAR PATHOLOGY	09/30/87-09/29/89	UNIVERSITY OF CALIFORNIA SAN DIEGO	20,004
1 F32 AG05426-01	ROGERS, PATRICIA A ALTERNATE PATHWAYS IN CELLULAR AGING	09/15/87-09/14/88	VIRGINIA POLYTECHNIC INST AND ST UNIV	18,996
1 F32 AG05427-01	WILLIAMS, KEVIN D NEUROMUSCULAR LIPID METABOLISM DURING SENESCENCE	08/01/87-07/31/88	UNIVERSITY OF WISCONSIN MADISON	24,996
1 F32 AG05429-01	FLURKEY, KEVIN A MODEL FOR ENDOCRINE DIRECTED IMMUNOLOGIC SENESCENCE	09/01/87-08/31/88	JACKSON LABORATORY	24,996
1 F32 AG05431-01	MILLER, ERIC N COMPUTERIZED ASSESSMENT OF COGNITIVE DECLINE IN THE AGED	09/17/87-09/16/88	UNIVERSITY OF CALIFORNIA LOS ANGELES	20,004
1 F33 AG05433-01	HARTLEY, ALAN A MULTIVARIATE METHODS IN COGNITIVE AGING	08/01/87-07/31/88	GEORGIA INSTITUTE OF TECHNOLOGY	33,000
5 R01 AG05433-02	PROHOVNIK, ISAK A REGIONAL CEREBRAL BLOOD FLOW IN ALZHEIMER'S DISEASE	02/01/87-01/31/88	NEW YORK STATE PSYCHIATRIC INSTITUTE	197,571
1 F32 AG05434-01	GUINNANE, TIMOTHY W MIGRATION & OLD-AGE SUPPORT	01/01/88-12/31/89	UNIVERSITY OF PENNSYLVANIA	18,996
1 F32 AG05435-01	SCHIAFFINO-PURVIS, ELLEN NUTRITIONAL STATUS OF DEPENDENT EATERS	09/03/87-09/02/88	MONTEFIORE MEDICAL CENTER (BRONX, NY)	29,004
1 F33 AG05438-01	WAITZKIN, HOWARD COMMUNICATION WITH ELDERLY PATIENTS	09/30/87-09/29/88	UNIVERSITY OF CALIFORNIA IRVINE	33,000

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1 F32 AG05439-01	DAY, JONATHAN R FUNCTIONAL CAPACITY OF AGING FEMALE RATS TO SECRETE LH	12/01/87-06/22/89	UNIVERSITY OF SOUTHERN CALIFORNIA	27,000
1 F32 AG05440-01	UMBERSON, DEBRA J SOCIAL INTEGRATION & HEALTH IN LATER LIFE	09/01/87-08/31/89	UNIVERSITY OF MICHIGAN AT ANN ARBOR	24,996
5 R23 AG05441-03	IZBICKA-DIMITRIJEVIC, ELZBIETA REACTIONS OF PROTEINS WITH UBIQUITIN	09/01/87-08/31/88	BAYLOR COLLEGE OF MEDICINE	49,335
1 F32 AG05442-01	SILLIKER, MARGARET E MOLECULAR ANALYSIS OF LONGEVITY MUTANTS IN PODOSPORA	09/01/87-08/31/90	UNIVERSITY OF COLORADO HLTH SCIENCES CTR	18,996
1 R01 AG05442-01A2	HESSLER, RICHARD M STUDY OF THE INDEPENDENT RURAL ELDERLY IN MISSOURI	01/15/87-12/31/87	UNIVERSITY OF MISSOURI COLUMBIA	86,789
5 R01 AG05444-02	SCHULZ, RICHARD COPING WITH DEMENTIA: MULTIVARIATE CAUSAL MODELS	01/01/87-12/31/87	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	122,359
5 R01 AG05445-03	MC NEILL, THOMAS H THE BASAL GANGLIA AND AGING	09/01/87-08/31/88	UNIVERSITY OF ROCHESTER	71,816
5 R01 AG05450-02	MOEN, PHYLLIS E WOMEN'S ROLES & WELL-BEING: TWO GENERATION STUDY	05/01/87-04/30/88	CORNELL UNIVERSITY ITHACA	160,017
5 R01 AG05453-03	SARKAR, DIPAK K NEUROENDOCRINE MECHANISMS OF PROLACTINOMAS IN OLD RATS	09/01/87-08/31/88	UNIVERSITY OF CALIFORNIA SAN DIEGO	108,694
2 R44 AG05464-02	BROGDON, JOAN L RESPITE CARE FOR OLDER ADULTS: A PROTOTYPE	07/01/87-06/30/88	KIN CARE, INC.	239,318
5 R01 AG05469-02	LIVNEH, ZVI ERROR PRONE REPAIR, MUTAGENESIS AND AGING	02/01/87-01/31/88	WEIZMANN INSTITUTE OF SCIENCE	47,975
7 R01 AG05537-03	GRIFFIN, WILMA S ALTERED GENE EXPRESSION IN ALZHEIMER SENILE DEMENTIA	02/01/87-01/31/88	UNIVERSITY OF ARKANSAS MED SCIS LTL ROCK	105,873
5 P01 AG05554-03	SEIFTER, SAM STRUCTURE AND FUNCTION IN DEVELOPING AND AGING HEARTS	09/01/87-08/31/88	YESHIVA UNIVERSITY	1,000,869
5 P01 AG05557-02	FLORINI, JAMES R AGING AND SOMATOMEDINS	07/01/87-06/30/88	SYRACUSE UNIVERSITY AT SYRACUSE	401,817

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5 P01 AG05561-03	HOUSE, JAMES S PRODUCTIVITY STRESS AND HEALTH IN MIDDLE AND LATE LIFE	09/01/87-08/31/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	783,342
* 3 P01 AG05562-02S1	HOLLOSZY, JOHN O PHYSIOLOGICAL ADAPTATIONS TO EXERCISE IN THE ELDERLY	03/01/87-08/31/87	WASHINGTON UNIVERSITY	36,603
5 P01 AG05562-03	HOLLOSZY, JOHN O PHYSIOLOGICAL ADAPTATIONS TO EXERCISE IN THE ELDERLY	09/01/87-08/31/88	WASHINGTON UNIVERSITY	925,781
5 P01 AG05568-03	SCHIMKE, ROBERT T GENOME EVOLUTION/REGULATION OF PROTEIN LEVELS IN AGING	08/01/87-07/31/88	STANFORD UNIVERSITY	617,979
1 R01 AG05579-01A1	TAYLOR, JEROME FACTORS AFFECTING HEALTH OF BLACK WOMEN 25-65 YEARS OLD	05/01/87-04/30/88	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	167,877
5 R01 AG05582-03	VOGEL, KATHRYN G FIBROBLAST PROTEOGLYCANS AND CONNECTIVE TISSUE MATRIX	01/01/87-12/31/88	UNIVERSITY OF NEW MEXICO ALBUQUERQUE	62,686
5 R01 AG05583-03	HURTIG, HOWARD I NEUROPSYCHOLOGICAL FUNCTIONING AND CBF IN PARKINSON'S	01/01/87-12/31/87	GRADUATE HOSPITAL (PHILADELPHIA)	166,068
1 R01 AG05590-01A1	SELIGMAN, MARTIN E EXPLANATORY STYLE/PREDICTOR OF MORTALITY & MORBIDITY	08/01/87-07/31/88	UNIVERSITY OF PENNSYLVANIA	122,169
5 R29 AG05591-02	CUBA, LEE J PLACE IDENTITIES AMONG ELDERLY MIGRANTS AND NON-MIGRANTS	08/01/87-07/31/88	WELLESLEY COLLEGE	55,562
5 R29 AG05592-02	CARSTENSEN, LAURA L BEHAVIORAL EFFECTS OF AGING IN LONG-TERM CARE	12/01/86-08/31/87	INDIANA UNIVERSITY BLOOMINGTON	43,826
7 R29 AG05592-03	CARSTENSEN, LAURA L BEHAVIORAL EFFECTS OF AGING IN LONG-TERM CARE	09/01/87-11/30/87	STANFORD UNIVERSITY	32,005
5 R01 AG05601-03	MONNIER, VINCENT M BROWNING OF HUMAN COLLAGEN IN DIABETES MELLITUS & AGING	02/01/87-01/31/88	CASE WESTERN RESERVE UNIVERSITY	90,395
5 R01 AG05604-03	NIXON, RALPH A DYNAMICS OF THE NEURONAL CYTOSKELETON IN AGING BRAIN	09/01/87-08/31/88	MC LEAN HOSPITAL (BELMONT, MA)	122,611
1 R01 AG05607-01A1	LAJTHA, ABEL ALTERATIONS IN BRAIN PROTEIN BREAKDOWN DURING AGING	01/15/87-12/31/87	NATHAN S. KLINE INSTITUTE FOR PSYCH RES	96,001

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5 R29 AG05609-02	BROWN, SCOTT C AGING AND THE INTERACTION OF DEMOGRAPHY AND HEARING LOSS	05/01/87-04/30/88	GALLAUDET COLLEGE	77,265
5 R01 AG05627-03	BLASCHKE, TERRENCE F AGING AND IN VIVO VASCULAR RESPONSIVENESS IN MAN	08/01/87-07/31/88	STANFORD UNIVERSITY	88,812
2 R01 AG05628-03	GOOD, ROBERT A CELLULAR ENGINEERING AND IMMUNOLOGICAL AGING	04/01/87-03/31/88	UNIVERSITY OF SOUTH FLORIDA	105,421
2 R01 AG05633-04	GOOD, ROBERT A NUTRITION AND DISEASES OF AGING IN AUTOIMMUNE-PRONE MICE	07/01/87-06/30/88	UNIVERSITY OF SOUTH FLORIDA	136,277
5 R01 AG05634-02	COUNTE, MICHAEL A PANEL STUDY OF ELDERLY HEALTH BELIEFS AND BEHAVIOR	05/01/87-04/30/88	RUSH-PRESBYTERIAN-ST LUKES MEDICAL CTR	98,969
5 R01 AG05635-03	DUNKLE, RUTH E EFFECT OF STRESS ON FUNCTIONING OF THE OLDEST-OLD	07/01/87-06/30/88	CASE WESTERN RESERVE UNIVERSITY	82,304
5 R01 AG05637-03	SONNTAG, WILLIAM E REGULATION OF GROWTH HORMONE SECRETION IN AGING RATS	09/01/87-08/31/88	WAKE FOREST UNIVERSITY	49,951
1 R01 AG05643-01A1	WOLFSON, LESLIE I ABNORMALITIES OF BALANCE GAIT AND SENSORIMOTOR FUNCTION	12/01/86-11/30/87	YESHIVA UNIVERSITY	340,649
5 R23 AG05653-02	KENNEY, WILLIAM L THERMOREGULATORY RESPONSES OF WOMEN TO HEAT STRESS	08/01/87-07/31/88	PENNSYLVANIA STATE UNIVERSITY PARK	42,369
5 R01 AG05657-03	PETTEGREW, JAY W NMR STUDIES OF BRAIN AGING IN ALZHEIMER'S DISEASE	08/01/87-07/31/88	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	91,550
5 R01 AG05661-03	EKERDT, DAVID J RETIREMENT AND MARITAL QUALITY	09/01/87-08/31/88	BOSTON UNIVERSITY	84,849
1 R01 AG05670-01A1	SHLAES, DAVID M ANTIBIOTIC RESISTANT BACILLI IN A NURSING HOME UNIT	09/30/87-08/31/88	CASE WESTERN RESERVE UNIVERSITY	95,114
5 R01 AG05675-03	SHASHOUA, VICTOR E MEMORY AND AGING--BIOCHEMICAL STUDIES	09/01/87-08/31/88	MC LEAN HOSPITAL (BELMONT, MA)	103,186
5 R01 AG05676-03	HOFFMAN, BRIAN B REGULATION OF LIPOLYSIS WITH AGING	08/01/87-07/31/88	STANFORD UNIVERSITY	81,147

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5 R01 AG05678-03	MACRIDES, FOTEOS OLFACTORY MODEL OF BRAIN AGING	08/01/87-07/31/88	WORCESTER FOUNDATION FOR EXPER BIOLOGY	101,907
5 R01 AG05680-03	JERGER, JAMES F AGING--COGNITIVE/ADAPTIVE FACTORS IN AUDITORY FUNCTION	08/01/87-07/31/88	BAYLOR COLLEGE OF MEDICINE	149,983
5 P50 AG05681-03	BERG, LEONARD ALZHEIMER'S DISEASE RESEARCH CENTER	05/01/87-04/30/88	WASHINGTON UNIVERSITY	1,083,490
1 R01 AG05682-01A2	VOGT, THOMAS M SOCIAL PREDICTORS OF MORBIDITY AND MORTALITY	01/01/87-12/31/87	KAISER FOUNDATION RESEARCH INSTITUTE	161,877
5 R01 AG05683-03	GLENNER, GEORGE G CEREBROVASCULAR AMYLOID PROTEIN IN ALZHEIMER'S DISEASE	09/01/87-08/31/88	UNIVERSITY OF CALIFORNIA SAN DIEGO	147,911
5 R01 AG05690-02	PEARSON, JOHN HUMAN CATECHOLAMINE NEURONS IN AGING AND DEMENTIA	05/01/87-04/30/88	NEW YORK UNIVERSITY	73,563
5 R01 AG05700-02	LONG, JOHN F DIETARY INDUCED ALUMINUM ENCEPHALOPATHY	09/01/87-08/31/88	OHIO STATE UNIVERSITY	51,682
5 R01 AG05702-02	BORGATTA, EDGAR F FACTORS DEFINING CAREGIVERS	08/01/87-07/31/88	UNIVERSITY OF WASHINGTON	179,705
7 R01 AG05704-03	COHEN, STANLEY IMMUNOLOGIC AGING: INTRACELLULAR DEFECTS	07/01/87-06/30/88	HAHNEMANN UNIVERSITY	131,225
1 R01 AG05707-01A1	IOZZO, RENATO V PROTEOGLYCANS AND AGING VASCULAR CELLS	06/01/87-05/31/88	UNIVERSITY OF PENNSYLVANIA	124,642
5 R01 AG05715-03	MARINI, MARGARET M AGE, GENDER, AND CAREERS	09/01/87-08/31/88	VANDERBILT UNIVERSITY	23,704
5 R01 AG05717-03	KRISHNARAJ, RAJABATHER AGE-ASSOCIATED ALTERATIONS IN HUMAN NK CELL SYSTEM	08/01/87-07/31/88	EVANSTON HOSPITAL	85,016
5 R01 AG05720-03	JOHNSON, THOMAS E GENETIC SPECIFICATION AT PHYSIOLOGICAL AGING	08/01/87-07/31/88	UNIVERSITY OF CALIFORNIA IRVINE	76,196
5 R01 AG05731-02	BONDADA, SUBBARAO AGE ASSOCIATED CHANGES IN B LYMPHOCYTE FUNCTION	08/01/87-07/31/88	UNIVERSITY OF KENTUCKY	117,195

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5 R01 AG05732-03	SPIELMAN, ARTHUR J SLEEP RESTRICTION THERAPY IN ELDERLY CHRONIC INSOMNIACS	08/01/87-07/31/88	CITY COLLEGE OF NEW YORK	144,331
5 R01 AG05739-03	BALL, KARLENE K IMPROVEMENT OF VISUAL PROCESSING IN OLDER ADULTS	08/01/87-07/31/88	WESTERN KENTUCKY UNIVERSITY	100,279
5 R01 AG05773-03	MORIN, LAWRENCE P AGING AND BIOLOGICAL RHYTHMS	01/01/87-12/31/87	STATE UNIVERSITY NEW YORK STONY BROOK	61,489
5 P01 AG05793-02	JOHNSTON, C CONRAD, JR SOME DETERMINANTS OF BONE MASS/ELDERLY	12/01/86-11/30/87	INDIANA UNIV-PURDUE UNIV AT INDIANAPOLIS	789,030
3 P01 AG05793-02S1	JOHNSTON, C CONRAD, JR SOME DETERMINANTS OF BONE MASS IN THE ELDERLY	08/01/87-11/30/87	INDIANA UNIV-PURDUE UNIV AT INDIANAPOLIS	64,733
3 P01 AG05842-01S1	WISE, DAVID A THE ECONOMICS OF AGING (SUPPLEMENT ON FINANCIAL STATUS)	12/01/86-12/31/86	NATIONAL BUREAU OF ECONOMIC RESEARCH	9,017
5 P01 AG05842-02	WISE, DAVID A THE ECONOMICS OF AGING	01/01/87-12/31/87	NATIONAL BUREAU OF ECONOMIC RESEARCH	556,901
1 R01 AG05876-01A2	HAUG, MARIE R SELF-CARE BEHAVIORS OF AGED JAPANESE	09/01/87-08/31/88	CASE WESTERN RESERVE UNIVERSITY	195,278
1 R01 AG05880-01A2	THOMAN, MARILYN L INTERLEUKIN 2 SYNTHESIS AND ACTIVITY	05/01/87-04/30/88	SCRIPPS CLINIC AND RESEARCH FOUNDATION	82,531
5 R01 AG05890-03	BUDINGER, THOMAS F CEREBRAL BLOOD FLOW PATTERNS IN ALZHEIMER'S DISEASE	05/01/87-04/30/88	UNIVERSITY OF CALIF-LAWRENC BERKELEY LAB	299,767
5 R01 AG05891-03	FRANGIONE, BLAS AMYLOIDOSIS AND ALZHEIMER'S DISEASE	07/01/87-06/30/88	NEW YORK UNIVERSITY	262,961
5 R01 AG05892-06	IQBAL, KHALID ALZHEIMER NEUROFIBRILLARY TANGLES: BIOCHEMICAL STUDIES	05/01/87-04/30/88	INSTITUTE FOR BASIC RES IN DEV DISABIL	100,131
5 R01 AG05893-08	HERSH, LOUIS B CHOLINE ACETYLTRANSFERASE	07/01/87-06/30/88	UNIVERSITY OF TEXAS HLTH SCI CTR DALLAS	101,646
5 R01 AG05894-15	FINE, RICHARD E COATED VESICLES: MEMBRANE TRANSPORT IN MUSCLE, BRAIN	05/01/87-04/30/88	BOSTON UNIVERSITY	274,413

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5 R01 AG05903-02	KAPLAN, GEORGE A EPIDEMIOLOGY OF RISK FACTOR CHANGE	09/01/87-08/31/88	CALIFORNIA PUBLIC HEALTH FOUNDATION	163,231
1 R01 AG05909-01A2	KUTNER, NANCY G OLDER ESRD PATIENTS: REHABILITATION & QUALITY OF LIFE	07/01/87-06/30/88	EMORY UNIVERSITY	193,797
5 R01 AG05916-06	HOGUE-ANGELETTI, RUTH A NEUROFILAMENT STRUCTURE	05/01/87-04/30/88	UNIVERSITY OF PENNSYLVANIA	145,735
5 R01 AG05917-03	ROTUNDO, RICHARD LEE REGULATION OF ACETYLCHOLINESTERASE SYNTHESIS/ASSEMBLY	05/01/87-04/30/88	UNIVERSITY OF MIAMI	92,515
1 R01 AG05936-01A1	HOLMES, DOUGLAS STUDY OF THE LAST DAYS OF LIFE AMONG THE OLD	03/01/87-02/29/88	COMMUNITY RESEARCH APPLICATIONS, INC.	132,458
5 R23 AG05937-02	DAVIS, BARBARA J NEURAL REGULATION OF THE ENDOCRINE PANCREAS	12/01/86-11/30/87	UNIVERSITY OF ROCHESTER	55,101
5 R01 AG05940-02	SCHWARTZ, JANICE B EFFECT OF AGING ON CALCIUM BLOCKER KINETICS/DYNAMICS	08/01/87-07/31/88	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	86,253
5 R01 AG05941-02	GOLDSTEIN, RONALD H REGULATION OF AGING SMOOTH MUSCLE CELL FUNCTION	09/01/87-08/31/88	BOSTON UNIVERSITY	94,532
5 R01 AG05944-02	CHANG, HOWARD T LIMBIC-BASAL GANGLIA--CORTEX INTERACTIONS	09/01/87-08/31/88	UNIVERSITY OF TENN CENTER HEALTH SCIEN	62,414
5 R01 AG05952-02	GOLLIN, EUGENE S FACILITATION OF MEMORY IN ELDERLY POPULATION	02/01/87-01/31/88	UNIVERSITY OF COLORADO AT BOULDER	82,435
5 R01 AG05953-02	WEILER, MOLLY S AGE RELATED CHANGES IN NEOSTRIATAL CHOLINERGIC FUNCTION	01/01/87-12/31/87	UNIVERSITY OF WISCONSIN MADISON	56,865
5 R01 AG05963-02	RICE, GRACE E OLDER ADULTS' MEMORY FOR WRITTEN MEDICAL INFORMATION	01/01/87-12/31/87	ARIZONA STATE UNIVERSITY	74,028
1 R01 AG05965-01A2	MEYER, EDWIN M TURNOVER OF HIGH AFFINITY CHOLINE TRANSPORT ACTIVITY	05/01/87-04/30/88	UNIVERSITY OF FLORIDA	59,029
5 R01 AG05972-02	BOWLES, NANCY L AN ANALYSIS OF WORD RETRIEVAL DEFICITS IN THE AGED	12/01/86-11/30/87	BOSTON UNIVERSITY	62,687

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1 R01 AG05976-01A1	LILLARD, LEE A ELDERLY LIFE EXPECTANCY, HEALTH & ASSET MANAGEMENT	08/01/87-07/31/88	RAND CORPORATION	177,682
1 R01 AG05980-01A2	QUADRI, KALEEM S NEUROENDOCRINOLOGY OF REPRODUCTIVE AGING	08/01/87-07/31/88	KANSAS STATE UNIVERSITY	87,512
5 R01 AG06014-02	WEST, ROBIN L AGE DIFFERENCES IN LABORATORY AND EVERYDAY MEMORY	08/01/87-07/31/88	UNIVERSITY OF FLORIDA	82,157
5 R29 AG06017-02	LAKOSKI, JOAN M AGING AND ESTROGEN ON BIOGENIC AMINE CELL PHYSIOLOGY	12/01/86-11/30/87	UNIVERSITY OF TEXAS MED BR GALVESTON	68,881
2 R44 AG06021-02	WILLIAMS, BEN T MORBIDITY RISK ASSESSMENT IN THE ELDERLY	08/01/87-07/31/88	UNIVERSITY PARK PATHOLOGY ASSOC, P.C.	282,061
1 R01 AG06034-01A1	STRUYK, RAYMOND J HOUSING FAMILY CARE AND RISK OF INSTITUTIONALIZATION	03/01/87-02/29/88	URBAN INSTITUTE	96,737
5 R01 AG06036-02	ARNSTEN, AMY F COGNITIVE LOSS WITH AGE: ROLE OF CORTICAL CATECHOLAMINES	12/01/86-11/30/87	YALE UNIVERSITY	124,394
5 R01 AG06038-02	LACHMAN, MARGIE E COURSE OF PERSONAL CONTROL IN LATER LIFE	08/01/87-07/31/88	BRANDEIS UNIVERSITY	73,917
5 R01 AG06041-02	HOYER, WILLIAM J AGING, SKILL, AND KNOWLEDGE USE	07/01/87-06/30/88	SYRACUSE UNIVERSITY AT SYRACUSE	93,944
5 R29 AG06045-02	FERRARO, KENNETH F THE ADEA AMENDMENT AND PUBLIC SUPPORT FOR OLDER WORKERS	02/01/87-01/31/88	NORTHERN ILLINOIS UNIVERSITY	47,013
5 R01 AG06047-02	BLACK, PETER M IDIOPATHIC NORMAL PRESSURE HYDROCEPHALUS	08/01/87-07/31/88	MASSACHUSETTS GENERAL HOSPITAL	75,866
5 R37 AG06060-02	FELTEN, DAVID L MPTP--DEGENERATION OF MONOAMINE SYSTEMS, AND AGING	08/01/87-07/31/88	UNIVERSITY OF ROCHESTER	135,875
1 R01 AG06066-01A1	DEMENT, WILLIAM C FOLLOW-UP OF ELDERLY PATIENTS WITH SLEEP APNEA	02/01/87-01/31/88	STANFORD UNIVERSITY	219,573
5 R01 AG06069-02	REESE, HAYNE W COGNITION IN ADULTHOOD AND OLD AGE	02/01/87-01/31/88	WEST VIRGINIA UNIVERSITY	109,097

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5 R01 AG06071-02	SELLINGER, OTTO Z CARBOXYLMETHYLATION OF PROTEINS IN THE AGING BRAIN	08/01/87-07/31/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	105,751
5 R01 AG06072-03	CZEISLER, CHARLES A DISRUPTED SLEEP IN THE ELDERLY: CIRCADIAN ETIOLOGY	06/01/87-05/31/88	BRIGHAM AND WOMEN'S HOSPITAL	250,302
5 R01 AG06078-03	LAZARIDES, ELIAS VIMENTIN AND DESMIN EXPRESSION IN DEVELOPMENT	08/01/87-07/31/88	CALIFORNIA INSTITUTE OF TECHNOLOGY	121,103
* 3 R37 AG06079-02S1	HOLICK, MICHAEL F INFLUENCE OF AGE ON 7-DEHYDROCHOLESTEROL IN THE SKIN	05/01/86-04/30/87	TUFTS UNIVERSITY	5,744
5 R37 AG06079-03	HOLICK, MICHAEL F INFLUENCE OF AGE ON 7-DEHYDROCHOLESTEROL IN THE SKIN	05/01/87-08/31/87	TUFTS UNIVERSITY	46,046
7 R37 AG06079-04	HOLICK, MICHAEL F INFLUENCE OF AGE ON 7-DEHYDROCHOLESTEROL IN THE SKIN	09/01/87-04/30/88	BOSTON UNIVERSITY	119,671
5 R01 AG06084-03	ROSE, GEORGE D STABILITY OF NATIVE AND ALTERED PROTEINS	09/01/87-08/31/88	PENNSYLVANIA STATE UNIV HERSHEY MED CTR	69,573
5 R01 AG06086-03	GOODWIN, JAMES S ROLE OF PROSTAGLANDINS IN THE IMMUNOBIOLOGY OF AGING	12/01/86-11/30/87	MEDICAL COLLEGE OF WISCONSIN	183,402
2 R01 AG06088-02A1	GAGE, FRED H EMBRYONIC NERVE CELL TRANSPLANTATION IN AGED RAT BRAIN	12/03/86-11/30/87	UNIVERSITY CF CALIFORNIA SAN DIEGO	113,290
5 R01 AG06093-15	NAKAJIMA, YASUKO ULTRASTRUCTURE AND FUNCTION OF NERVE AND MUSCLE	08/01/87-07/31/88	PURDUE UNIVERSITY WEST LAFAYETTE	132,636
5 R01 AG06103-02	KRUZICH, JEAN M ENVIRONMENTAL INFLUENCES ON NURSING HOME RESIDENTS	03/01/87-08/31/88	UNIVERSITY OF WISCONSIN MILWAUKEE	130,444
1 P01 AG06107-01A1	SCHLAEPFER, WILLIAM W NEURONAL CYTOSKELETON IN AGING AND DISEASE	01/01/87-12/31/87	UNIVERSITY OF PENNSYLVANIA	425,856
2 R37 AG06108-03	HORNSBY, PETER J AGING OF ENDOCRINE CELLS IN CULTURE	04/01/87-03/31/88	MEDICAL COLLEGE OF GEORGIA	169,605
5 R01 AG06116-03	DICE, JAMES F, JR PROTEIN DEGRADATION IN AGING HUMAN FIBROBLASTS	04/01/87-03/31/88	TUFTS UNIVERSITY	169,015

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2 R01 AG06123-03	HERTZOG, CHRISTOPHER K AGING AND COGNITIVE CORRELATES OF INTELLIGENCE	02/01/87-01/31/88	GEORGIA INSTITUTE OF TECHNOLOGY	200,017
1 R01 AG06125-01A1	CUTLER, STEPHEN J AGE & RESIDENCE DIFFERENCES IN HOUSEHOLD COMPOSITION	07/01/87-06/30/88	UNIVERSITY OF VERMONT & ST AGRIC COLLEGE	124,608
1 R01 AG06127-01A1	GILDEN, DONALD H NEUROBIOLOGY OF VARICELLA-ZOSTER VIRUS	07/01/87-06/30/88	UNIVERSITY OF COLORADO HLTH SCIENCES CTR	150,982
5 R01 AG06130-02	WHITE, TIMOTHY P MUSCULAR ADAPTATIONS TO LONG-TERM TRAINING IN AGING RATS	05/01/87-04/30/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	160,901
5 R01 AG06133-02	WARD, MICHAEL P PRIVATE PENSIONS, IMPLICIT CONTRACTS, AND OLDER WORKERS	09/01/87-08/31/88	UNICON RESEARCH CORPORATION	89,099
5 R01 AG06139-02	PHELPS, CAROL J CATECHOLAMINERGIC NEURON PLASTICITY IN AGED BRAIN	08/01/87-07/31/88	UNIVERSITY OF ROCHESTER	119,344
1 R01 AG06146-01A1	ANTONUCCI, TONI C PANEL STUDY OF SOCIAL SUPPORTS IN THE ELDERLY	04/01/87-03/31/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	70,880
5 R01 AG06150-02	DIXON, JANE K SOCIAL TIES, FULFILLMENT, AND HEALTH IN MIDLIFE	09/01/87-08/31/88	YALE UNIVERSITY	133,376
5 R01 AG06154-02	VAUGHAN, DEBORAH W AGING AND NEUROMUSCULAR DEGENERATION AND REGENERATION	09/01/87-08/31/88	BOSTON UNIVERSITY	98,907
5 R01 AG06155-02	YOUNG, ANNE B ROLE OF GLUTAMATE IN ALZHEIMER'S DISEASE	08/01/87-07/31/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	87,548
5 R01 AG06156-02	PERLMUTTER, MARION COGNITION IN THE VERY OLD	06/01/87-05/31/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	139,656
5 R01 AG06157-02	FAULKNER, JOHN A EXERCISE INJURY AND REPAIR OF MUSCLE FIBERS IN AGED MICE	05/01/87-04/30/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	125,073
1 R01 AG06158-01A1	SCHEUER, JAMES EFFECT OF EXERCISE IN PREVENTING CARDIAC AGING	03/01/87-02/29/88	MONTEFIORE MEDICAL CENTER (BRONX, NY)	171,281
1 R01 AG06159-01A2	VIJAYAN, VIJAYA K REACTIVE PROPERTIES OF BRAIN NEUROGLIA	08/01/87-07/31/88	UNIVERSITY OF CALIFORNIA DAVIS	94,214

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2 R01 AG06162-03	HERTZOG, CHRISTOPHER K SHORT TERM CHANGE IN MEMORY/METAMEMORY IN THE ELDERLY	12/01/86-11/30/87	GEORGIA INSTITUTE OF TECHNOLOGY	129,756
5 R01 AG06163-02	BRADLEY, WALTER G DNA REPAIR IN AUTOPSY-PROVEN ALZHEIMER'S DISEASE	06/01/87-05/31/88	UNIVERSITY OF VERMONT & ST AGRIC COLLEGE	164,166
5 R01 AG06168-02	JAZWINSKI, S MICHAL CELLULAR AGING IN A YEAST MODEL SYSTEM	05/01/87-04/30/88	LOUISIANA STATE UNIV MED CTR NEW ORLEANS	90,487
5 R01 AG06170-02	POTTER, LINCOLN T CHOLINERGIC MECHANISMS IN AGING AND ALZHEIMER'S DISEASE	05/01/87-04/30/88	UNIVERSITY OF MIAMI	174,464
5 R01 AG06171-03	RIPLEY, LYNN S MOLECULAR MECHANISMS OF SPONTANEOUS MUTAGENESIS	09/01/87-08/31/88	UNIVERSITY OF MEDICINE & DENTISTRY OF NJ	170,704
5 R01 AG06172-03	KOSIK, KENNETH S BIOCHEMISTRY AND PATHOBIOLOGY OF MAP2 IN NEURONS	01/01/87-12/31/87	BRIGHAM AND WOMEN'S HOSPITAL	83,163
5 R01 AG06173-03	SELKOE, DENNIS J AGING IN THE BRAIN--ROLE OF THE FIBROUS PROTEINS	09/01/87-08/31/88	BRIGHAM AND WOMEN'S HOSPITAL	261,683
5 R29 AG06182-02	FORSTER, MICHAEL J IMMUNOLOGIC CORRELATES OF MEMORY DECLINE	07/01/87-06/30/88	TEXAS COLLEGE OF OSTEOPATHIC MEDICINE	81,118
5 R01 AG06188-02	CASEY, MICHAEL A AGE-RELATED DEGENERATION IN THE CENTRAL AUDITORY PATHWAY	08/01/87-07/31/88	UNIVERSITY OF ALABAMA AT BIRMINGHAM	51,936
5 R01 AG06192-02	FERNANDEZ, HUGO L AGING OF SKELETAL MUSCLE: ACETYLCHOLINESTERASE FORMS	05/01/87-04/30/88	UNIVERSITY OF KANSAS COL HLTH SCI & HOSP	53,531
5 R01 AG06193-02	FERNIE, GEOFFREY R VIDEO RECORDING OF FALLING IN THE ELDERLY	09/01/87-08/31/88	UNIVERSITY OF TORONTO	12,618
1 R01 AG06198-01A1	JOHNSON, ARTHUR G IMMUNE RESPONSES OF AGING BREEDER VS. AGING VIRGIN MICE	08/01/87-07/31/88	UNIVERSITY OF MINNESOTA OF MNPLS-ST PAUL	106,117
5 R01 AG06201-03	SARREL, PHILIP M SENSORY FUNCTION IN THE CLIMACTERIC	09/01/87-08/31/88	YALE UNIVERSITY	252,201
5 R01 AG06202-06	ELBADAWI, AHMAD DEFECTS OF MUSCULAR INNERVATION IN NEUROGENIC BLADDER	09/01/87-08/31/88	HEALTH SCIENCE CENTER AT SYRACUSE	100,733

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5 R01 AG06207-02	DAY, ALICE T OLDER WOMEN AND SOCIAL SUPPORT--FOLLOW-UP STUDY	09/01/87-08/31/88	URBAN INSTITUTE	523,147
5 R01 AG06214-02	BISHOP, CHRISTINE C TRANSITIONS IN LIVING ARRANGEMENTS FOR THE ELDERLY	05/01/87-04/30/88	BRANDEIS UNIVERSITY	108,984
1 R01 AG06217-01A2	FELDMAN, MARTIN L AUDITORY ANATOMY IN AGING RATS WITH EXTENDED LIFESPANS	08/01/87-07/31/88	BOSTON UNIVERSITY	121,626
5 R01 AG06221-02	TATE, CHARLOTTE A MYOCARDIAL RESPONSE TO EXERCISE DURING SENESCENCE	08/01/87-07/31/88	BAYLOR COLLEGE OF MEDICINE	69,568
1 R01 AG06226-01A1	MEYER, EDWIN M AGING AND BRAIN ACETYLCHOLINE RELEASE	01/15/87-12/31/87	UNIVERSITY OF FLORIDA	92,940
1 R01 AG06232-01A2	HARRISON, DAVID E NUTRITIONAL EFFECTS ON AGING	09/30/87-08/31/88	JACKSON LABORATORY	214,589
5 R01 AG06241-02	WILLOTT, JAMES F AGING AND RESPONSES OF AUDITORY NEURONS	05/01/87-04/30/88	NORTHERN ILLINOIS UNIVERSITY	27,549
5 R01 AG06242-03	THOMAS, MARY L SEX HORMONE EFFECTS ON INTESTINAL CALCIUM ABSORPTION	09/01/87-08/31/88	UNIVERSITY OF TEXAS MED BR GALVESTON	56,820
5 R01 AG06244-03	DIAMOND, MARGARET F GROUP WORK WITH BEREAVED ELDERS: AN INTERVENTION STUDY	09/01/87-08/31/88	UNIVERSITY OF UTAH	137,733
5 R01 AG06246-02	KELLEY, KEITH W HORMONAL RESTORATION OF A FUNCTIONAL THYMUS DURING AGING	05/01/87-04/30/88	UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN	160,950
1 R01 AG06268-01A1	ERBER, JOAN T AGE AND RELATED FACTORS IN MEMORY FAILURE APPRAISAL	08/01/87-07/31/88	FLORIDA INTERNATIONAL UNIVERSITY	68,344
2 R44 AG06271-02	WONG, OSBORNE S ANALYSIS OF BIOACTIVE AMINES	07/01/87-06/30/88	OREAD LABORATORIES, INC.	205,987
2 R44 AG06273-02	COHENFORD, MENASHI LIPID INCORPORATED SERUM-FREE-MEDIUM PHASE II	09/28/87-08/31/88	ONCOLOGY LABORATORIES, INC.	220,731
5 R01 AG06278-03	ALBRIGHT, JULIA W AGING OF IMMUNITY TO PARASITES	09/01/87-08/31/88	GEORGE WASHINGTON UNIVERSITY	121,340

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5 R01 AG06299-02	GALILI, URI ANTI-GAL IGG ON HUMAN RED CELLS--A MODEL FOR CELL AGING	07/01/87-06/30/88	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	153,077
5 P01 AG06309-02	MALETTA, GABE J CLINICAL RESEARCH CENTER FOR MANAGEMENT OF DEMENTIA	04/01/87-03/31/88	UNIVERSITY OF MINNESOTA OF MNPLS-ST PAUL	397,096
1 R01 AG06317-01A1	CRANZ, GALEN RESIDENTIAL ENVIRONMENTAL QUALITY FOR THE OLDEST OLD	06/01/87-05/31/88	UNIVERSITY OF CALIFORNIA BERKELEY	71,755
1 R01 AG06318-01	HURD, MICHAEL D CONSUMPTION AND HEALTH OF THE ELDERLY	09/30/87-08/31/88	NATIONAL BUREAU OF ECONOMIC RESEARCH	124,772
5 R01 AG06319-02	KEMPER, SUSAN GERIATRIC PSYCHOLINGUISTICS	07/01/87-06/30/88	UNIVERSITY OF KANSAS LAWRENCE	89,386
5 R01 AG06320-02	CUMMINGS, DONALD J GENE REARRANGEMENTS AND MATERNALLY INHERITED SENESCENCE	09/01/87-08/31/88	UNIVERSITY OF COLORADO HLTH SCIENCES CTR	144,261
1 R01 AG06347-01A1	BUSBEE, DAVID L AGE-RELATED INHIBITION OF DNA SYNTHESIS INITIATION	05/01/87-04/30/88	TEXAS AGRI AND MECH UNIV COLLEGE STATION	102,384
5 R01 AG06348-02	GASKIN, FELICIA A AUTOANTIBODIES IN ALZHEIMER'S DISEASE AND NORMAL AGING	08/01/87-07/31/88	OKLAHOMA MEDICAL RESEARCH FOUNDATION	167,009
5 R01 AG06350-02	ABRAHAM, GEORGE N IMMUNOLOGIC ANALYSIS OF PREMALIGNANT & MALIGNANT B-CELLS	08/01/87-07/31/88	UNIVERSITY OF ROCHESTER	161,368
5 R01 AG06352-02	MARTIN, ARLENE P MEMBRANE LIPID-ASSOCIATED CHANGES DURING AGING	09/01/87-08/31/88	UNIVERSITY OF MISSOURI COLUMBIA	89,546
5 R01 AG06357-02	FERNIE, GEOFFREY R BALANCE TEST TO PREDICT FALLING IN THE ELDERLY	09/01/87-08/31/88	UNIVERSITY OF TORONTO	51,086
1 R01 AG06363-01A1	SMITH, KEN R WIDOWHOOD, ECONOMIC STATUS, AND PANEL ATTRITION	04/01/87-03/31/88	UNIVERSITY OF UTAH	187,888
1 R01 AG06377-01	BILLINGSLEY, MELVIN L METHYLATION OF CALMODULIN BINDING PROTEINS DURING AGING	01/01/87-12/31/87	PENNSYLVANIA STATE UNIV HERSHEY MED CTR	108,056
1 R01 AG06380-01A1	KOTLIKOFF, LAURENCE J LIFE INSURANCE OF AMERICAN FAMILY: ADEQUACY/DETERMINANTS	06/01/87-05/31/88	BOSTON UNIVERSITY	125,577

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1 R01 AG06384-01	LUINE, VICTORIA N HORMONAL INFLUENCES ON FOREBRAIN CHOLINERGIC SYSTEMS	09/30/87-08/31/88	ROCKEFELLER UNIVERSITY	102,267
5 R29 AG06387-02	STERN, STEVEN N JOB EXIT BEHAVIOR OF OLDER WORKERS	07/01/87-06/30/88	UNIVERSITY OF VIRGINIA CHARLOTTESVILLE	95,956
5 R01 AG06390-02	PEDIGO, NORMAN W, JR MUSCARINIC RECEPTORS IN AGING: PHARMACOLOGIC REGULATION	12/01/86-11/30/87	UNIVERSITY OF KENTUCKY	70,287
5 R29 AG06407-02	KOMM, BARRY S ROLE OF ESTROGEN IN BONE BIOLOGY AND OSTEOPOROSIS	07/01/87-06/30/88	UNIVERSITY OF ARIZONA	83,189
5 R01 AG06409-02	STOLLER, ELEANOR P SUPPORT NETWORKS OF THE RURAL ELDERLY--PANEL STUDY	08/01/87-01/31/88	COLLEGE AT PLATTSBURGH	65,670
5 R01 AG06419-02	VOLICER, LADISLAV MONOAMINES IN ALZHEIMER'S DISEASE/COULOMETRIC DETECTION	09/01/87-08/31/88	BOSTON UNIVERSITY	146,374
5 R01 AG06421-02	WALLER, STEVEN B NEUROCHEMICAL-BEHAVIORAL RELATIONS--AGE AND DRUG EFFECT	08/01/87-07/31/88	UNIVERSITY OF SOUTH DAKOTA	135,072
1 R01 AG06432-01A1	HALSEY, JAMES H JR REGIONAL CEREBRAL BLOOD FLOW IN PROGRESSIVE DEMENTIA	08/01/87-07/31/88	UNIVERSITY OF ALABAMA AT BIRMINGHAM	121,688
5 R29 AG06434-02	GERHARDT, GREG A AGE-INDUCED CHANGES IN MONOAMINE PRESYNAPTIC FUNCTION	08/01/87-07/31/88	UNIVERSITY OF COLORADO HLTH SCIENCES CTR	82,251
5 R01 AG06438-02	KYLE, DAVID J RECOGNITION AND REMOVAL OF ALTERED MEMBRANE PROTEINS	02/01/87-01/31/88	MARTEK CORPORATION	87,595
1 R01 AG06441-01	HAREVEN, TAMARA K AGING & THE LIFE COURSE: SOCIAL CHANGE AND GENERATIONS	06/01/87-05/31/88	HARVARD UNIVERSITY	106,163
5 R01 AG06442-02	PAIGE, GARY D SENSORY-MOTOR/ADAPTIVE MECHANISMS IN EQUILIBRIUM CONTROL	07/01/87-06/30/88	WASHINGTON UNIVERSITY	163,492
5 R01 AG06443-02	LIPSITZ, LEWIS A ABNORMAL BLOOD PRESSURE HOMEOSTASIS AND FALLS IN OLD AGE	08/01/87-07/31/88	HEBREW REHABILITATION CENTER FOR AGED	93,167
5 R01 AG06445-02	STELMACH, GEORGE E SENSORY-MOTOR DYSFUNCTIONS RELATED TO FALLING	07/01/87-06/30/88	UNIVERSITY OF WISCONSIN MADISON	106,733

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5 R01 AG06446-02	AVORN, JEROME L MEDICATION USE AS A RISK FACTOR FOR FALLS IN THE ELDERLY	07/01/87-06/30/88	HARVARD UNIVERSITY	123,453
* 3 R01 AG06456-01S1	BUCHNER, DAVID M FALLS AND LEG WEAKNESS IN OLDER PEOPLE	03/01/87-08/31/87	UNIVERSITY OF WASHINGTON	3,575
5 R01 AG06456-02	BUCHNER, DAVID M FALLS AND LEG WEAKNESS IN OLDER PEOPLE	09/01/87-08/31/88	UNIVERSITY OF WASHINGTON	133,953
5 R01 AG06457-02	HORAK, FAY B PERIPHERAL AND CENTRAL POSTURAL DISORDERS IN THE ELDERLY	09/01/87-08/31/88	GOOD SAMARITAN HOSP & MED CTR(PRTLND,OR)	114,014
5 R01 AG06481-02	HOELDTKE, ROBERT D HYPOTENSION IN ELDERLY/ROLE OF GUT PEPTIDES/SOMATOSTATIN	08/01/87-07/31/88	TEMPLE UNIVERSITY	111,445
5 R29 AG06484-02	WRONSKI, THOMAS J QUANTITATIVE BONE HISTOLOGY AFTER OVARIECTOMY	07/01/87-06/30/88	UNIVERSITY OF FLORIDA	49,531
5 R37 AG06490-02	DEMENT, WILLIAM C SLEEP, EXERCISE, AGING AND THE CIRCADIAN SYSTEM	09/01/87-08/31/88	STANFORD UNIVERSITY	136,023
5 R01 AG06528-02	DAVIDSON, JEFFREY M ELASTIC AND COLLAGEN IN THE AGING PROCESS	02/01/87-01/31/88	VANDERBILT UNIVERSITY	109,998
5 R01 AG06533-02	WILSON, PATRICIA D EFFECT OF AGING ON RENAL EPITHELIAL CELLS	03/01/87-02/29/88	UNIV OF MED/DENT NJ-R W JOHNSON MED SCH	138,319
1 R15 AG06535-01A1	MIDLARSKY, ELIZABETH HEALTH AND WELL-BEING AMONG SURVIVORS OF THE HOLOCAUST	08/01/87-07/31/89	UNIVERSITY OF DETROIT	80,474
5 R01 AG06537-02	SEALS, DOUGLAS R HYPERTENSION IN THE ELDERLY--EFFECTS OF EXERCISE	08/01/87-07/31/88	UNIVERSITY OF ARIZONA	132,772
5 R01 AG06540-02	CARLIN, CATHLEEN R EXPRESSION OF THE EGF RECEPTOR DURING AGING IN VITRO	07/01/87-06/30/88	ST. LOUIS UNIVERSITY	117,042
5 R01 AG06551-02	ARDITI, ARIES R FIELD DEFECTS AND VISUAL PERFORMANCE	05/01/87-04/30/88	NEW YORK ASSOCIATION FOR THE BLIND	72,869
2 R01 AG06557-02A1	ROPER, STEPHEN D NEURAL INFLUENCE ON AGING OF RECEPTOR CELLS	04/01/87-03/31/88	COLORADO STATE UNIVERSITY	130,225

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1 P01 AG06569-01A1	HARRELL, LINDY E ALZHEIMER'S DISEASE--A MULTIDISCIPLINARY APPROACH	08/01/87-07/31/88	UNIVERSITY OF ALABAMA AT BIRMINGHAM	505,476
1 P01 AG06581-01	ABRASS, ITAMAR B METABOLIC AND CARDIAC EFFECTS OF EXERCISE IN THE ELDERLY	02/01/87-01/31/88	UNIVERSITY OF WASHINGTON	702,439
5 R01 AG06584-02	GIVEN, CHARLES W CAREGIVER RESPONSES TO MANAGING ELDERLY PATIENTS AT HOME	05/01/87-04/30/88	MICHIGAN STATE UNIVERSITY	179,191
1 R01 AG06591-01A1	KITSON, GAY C VIOLENT DEATH--LIFE COURSE ADJUSTMENT FOR WIDOWS	09/30/87-08/31/88	CASE WESTERN RESERVE UNIVERSITY	169,014
1 R01 AG06601-01	KOSIK, KENNETH S PATHOBIOLOGY OF TAU PROTEIN	01/15/87-12/31/87	BRIGHAM AND WOMEN'S HOSPITAL	148,872
1 R37 AG06605-01	CORKIN, SUZANNE H THEORETICAL ANALYSIS OF LEARNING IN AGE-RELATED DISEASE	02/01/87-01/31/88	MASSACHUSETTS INSTITUTE OF TECHNOLOGY	186,137
1 R01 AG06616-01A1	VERBRUGGE, LOIS M ARTHRITIS PHYSICAL AND SOCIAL DISABILITY IN ELDERLY	08/01/87-07/31/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	146,432
1 R01 AG06618-01	WOLINSKY, FREDRIC D ETHNICITY, AGING, AND THE USE OF HEALTH SERVICES	12/01/86-11/30/87	TEXAS AGRI AND MECH UNIV COLLEGE STATION	95,044
1 R01 AG06621-01	SCHULTZ, ALBERT B BIOMECHANICS OF HUMAN FALLS IN YOUNG ADULTS	08/01/87-07/31/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	172,523
1 R01 AG06633-01	SAPOLSKY, ROBERT M AGING & HIPPOCAMPAL NEURON LOSS: ROLE OF GLUCOCORTICOID	01/15/87-12/31/87	STANFORD UNIVERSITY	114,559
1 R01 AG06635-01A1	LONG, CALVIN L PROTEIN & ENERGY REQUIREMENTS IN THE GERIATRIC PATIENT	09/21/87-08/31/88	BAPTIST MEDICAL CENTERS	117,987
1 R01 AG06641-01	ROBBINS, NORMAN PLASTICITY OF MOTOR NERVE TERMINALS IN YOUNG & OLD	01/15/87-12/31/87	CASE WESTERN RESERVE UNIVERSITY	122,670
1 R37 AG06643-01A1	LIANG, JERSEY WELL-BEING AMONG THE AMERICAN AND JAPANESE ELDERLY	05/01/87-04/30/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	192,530
1 R01 AG06647-01A1	MORRISON, JOHN H CORTICO-CORTICAL LOSS IN ALZHEIMER'S DISEASE	08/01/87-07/31/88	SCRIPPS CLINIC AND RESEARCH FOUNDATION	117,912

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1 R01 AG06648-01	KROMER, LAWRENCE F ANALYSIS OF FACTORS PREVENTING CNS NEURON DEATH IN VIVO	01/15/87-12/31/87	GEORGETOWN UNIVERSITY	129,939
1 R01 AG06650-01A1	BOWMAN, BARBARA H VITAMIN D BINDING PROTEIN IN AGING BONE CELLS	08/01/87-07/31/88	UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT	85,474
1 R01 AG06656-01	YOUNKIN, STEVEN G ACHE, CHAT AND CHOLINERGIC NEURONS IN AGING	12/01/86-11/30/87	CASE WESTERN RESERVE UNIVERSITY	180,202
1 R01 AG06660-01	CREWS, FULTON T RECEPTOR STIMULATED PHOSPHOINOSITIDE TURNOVER IN BRAIN	09/30/87-08/31/88	UNIVERSITY OF FLORIDA	130,291
1 R01 AG06664-01A1	BOOTH, FRANK W PROTEIN SYNTHESIS IN THE SENESCENT HEART	08/01/87-07/31/88	UNIVERSITY OF TEXAS HLTH SCI CTR HOUSTON	94,612
1 R43 AG06753-01	LEIRER, VON O COMPUTERIZED MEMORY TRAINING FOR THE ELDERLY	03/01/87-08/31/87	DECISION SYSTEMS	49,990
1 R43 AG06755-01	PERRY, JOHN D URINARY INCONTINENCE TREATMENT SYSTEM FOR HOME NURSING	02/01/87-10/31/87	BIOTECHNOLOGIES, INC.	49,950
5 R01 AG06765-02	GERMAN, PEARL S IMPACT OF MENTAL MORBIDITY ON NURSING HOME EXPERIENCE	08/01/87-07/31/88	JOHNS HOPKINS UNIVERSITY	261,443
5 R01 AG06766-02	WALKER, ALEXIS J PARENT CARING AND THE MOTHER DAUGHTER RELATIONSHIP	06/01/87-05/31/88	OREGON STATE UNIVERSITY	94,234
5 R01 AG06770-02	VITALIANO, PETER P STRESS IN ALZHEIMERS PATIENT-SPOUSE INTERACTIONS	07/01/87-06/30/88	UNIVERSITY OF WASHINGTON	90,753
5 U01 AG06781-02	LARSON, ERIC B ALZHEIMER'S DISEASE PATIENT REGISTRY	09/01/87-08/31/88	UNIVERSITY OF WASHINGTON	248,963
5 U01 AG06782-02	KULLER, LEWIS H ALZHEIMER'S DISEASE PATIENT REGISTRY	09/01/87-08/31/88	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	271,057
1 R01 AG06785-01A1	WALLACE, ROBERT B ALZHEIMER DISEASE PATIENT REGISTRY	09/30/87-08/31/88	UNIVERSITY OF IOWA	256,489
5 U01 AG06786-02	KURLAND, LEONARD T ALZHEIMER'S DISEASE PATIENT REGISTRY	09/01/87-08/31/88	MAYO FOUNDATION	284,856

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GRANT NUMBER	PRINCIPAL INVESTIGATOR TITLE	BUDGET DATES	INSTITUTION	TOTAL AWARD
5 U01 AG06789-02	EVANS, DENIS A ALZHEIMER'S DISEASE REGISTRY IN A DEFINED COMMUNITY	09/01/87-08/31/88	BRIGHAM AND WOMEN'S HOSPITAL	500,459
5 U01 AG06790-02	HEYMAN, ALBERT CONSORTIUM--ESTABLISHING AN ALZHEIMER'S DISEASE REGISTER	09/01/87-08/31/88	DUKE UNIVERSITY	626,983
1 R01 AG06793-01	GOLDSTEIN, MELVIN C IMPACT OF CHINA'S ECONOMIC REFORMS ON THE ELDERLY	08/01/87-07/31/88	CASE WESTERN RESERVE UNIVERSITY	58,487
1 P01 AG06803-01	DAVIES, PETER FUNDAMENTAL STUDIES ON ALZHEIMER'S DISEASE	08/01/87-07/31/88	YESHIVA UNIVERSITY	809,602
1 R01 AG06804-01	JOHNSON, COLLEEN L ELDERLY OUTPATIENT CARE AND INFORMAL SOCIAL SUPPORTS	05/01/87-04/30/88	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	136,719
1 R29 AG06810-01	GOING, SCOTT B FAT AND FAT FREE BODY COMPOSITION IN OLDER MEN AND WOMEN	05/01/87-04/30/88	UNIVERSITY OF ARIZONA	79,068
1 P01 AG06815-01	PECK, WILLIAM A FALLS AND HIP FRACTURES--CAUSES, RISKS, AND OUTCOMES	05/01/87-04/30/88	JEWISH HOSPITAL OF ST. LOUIS	924,363
5 R01 AG06826-02	SALTHOUSE, TIMOTHY A ADULT AGE DIFFERENCE IN REASONING AND SPATIAL ABILITIES	08/01/87-07/31/88	GEORGIA INSTITUTE OF TECHNOLOGY	48,655
5 R01 AG06828-05	THOMAS, JOHN PRECURSORS OF HYPERTENSION: THE MEHARRY COHORT STUDY	08/01/87-07/31/88	MEHARRY MEDICAL COLLEGE	100,620
5 R01 AG06833-02	PERL, DANIEL P TRACE ELEMENTS IN AGED NEURONS AND SENILE DEMEMTIA	12/01/86-11/30/87	MOUNT SINAI SCHOOL OF MEDICINE	189,799
5 R01 AG06840-02	WASTNEY, MERYL E KINETIC ANALYSIS OF ZN METABOLISM IN HUMANS	08/01/87-07/31/88	GEORGETOWN UNIVERSITY	94,935
1 R01 AG06841-01	BEIDLER, LLOYD M EFFECT OF AGE ON TASTE	06/01/87-05/31/88	FLORIDA STATE UNIVERSITY	162,461
5 R29 AG06856-02	TAYLOR, ROBERT J FAMILIAL/NON-FAMILIAL SUPPORT NETWORK BLACK/WH ELDERLY	08/01/87-07/31/88	BOSTON COLLEGE	76,337
1 R01 AG06858-01	SALTHOUSE, TIMOTHY A EFFECTS OF AGE ON SPATIAL ABILITIES AMONG ENGINEERS	06/01/87-05/31/88	GEORGIA INSTITUTE OF TECHNOLOGY	86,329

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1 R01 AG06860-01	CATHCART, EDGAR S AMYLOID, AGING AND DIET	09/30/87-08/31/88	BOSTON UNIVERSITY	143,647
1 R01 AG06865-01	GROWDON, JOHN H GENETIC STUDIES OF ALZHEIMER'S DISEASE	06/01/87-05/31/88	MASSACHUSETTS GENERAL HOSPITAL	258,624
1 P01 AG06872-01	BOWMAN, BARBARA H MOLECULAR GENETIC MECHANISMS OF AGING	05/01/87-04/30/88	UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT	645,688
1 R01 AG06886-01	MC GUE, MATTHEW K TWIN STUDY OF NORMAL AGING	05/01/87-04/30/88	UNIVERSITY OF MINNESOTA OF MNPLS-ST PAUL	170,951
1 R01 AG06892-01	GERMAN, PEARL S DETECTION AND MANAGEMENT OF DRUG SIDE EFFECTS IN ELDERS	09/30/87-08/31/88	JOHNS HOPKINS UNIVERSITY	240,999
9 R01 AG06895-10	SCHIAVI, RAUL C PSYCHOPHYSIOLOGY OF SEXUAL FUNCTION AND DYSFUNCTION	12/01/86-11/30/87	MOUNT SINAI SCHOOL OF MEDICINE	267,545
5 R01 AG06901-02	GUR, RAQUEL E BEHAVIOR & BRAIN FUNCTION IN NORMAL AGING & ALZHEIMERS	09/01/87-08/31/88	UNIVERSITY OF PENNSYLVANIA	250,537
1 R01 AG06912-01	DUCKLES, SUE P VASCULAR ADRENERGIC RESPONSIVENESS DURING AGING	02/01/87-01/31/88	UNIVERSITY OF CALIFORNIA IRVINE	156,152
1 R01 AG06923-01	LEAVERTON, PAUL E MECHANISMS RESPONSIBLE FOR AGE-RELATED INCREASE IN BLOOD	02/01/87-01/31/88	UNIVERSITY OF SOUTH FLORIDA	112,344
1 R01 AG06927-01	MONNIER, VINCENT M MECHANISMS FOR AGE-RELATED INCREASE IN BLOOD PRESSURE	01/01/87-12/31/87	CASE WESTERN RESERVE UNIVERSITY	70,098
1 R01 AG06929-01	PREUSS, HARRY G MACRONUTRIENTS ON AGE-RELATED HYPERTENSION	03/01/87-02/29/88	GEORGETOWN UNIVERSITY	221,197
1 R01 AG06942-01	VIRMANI, RENU MECHANISMS RESPONSIBLE FOR AGE-RELATED HYPERTENSION	01/01/87-12/31/87	MAYO FOUNDATION	127,609
1 R01 AG06943-01	VLASSARA, HELEN GLYCOSYLATED PROTEINS IN AGE AND HYPERTENSION	02/01/87-01/31/88	ROCKEFELLER UNIVERSITY	173,386
5 R01 AG06945-02	BLAIR, STEVEN N IMPACT OF PHYSICAL FITNESS AND EXERCISE ON HEALTH	08/01/87-07/31/88	INSTITUTE FOR AEROBICS RESEARCH	97,978

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5 R01 AG06946-02	ORME, IAN M AGING AND IMMUNITY TO TUBERCULOSIS	01/01/87-12/31/87	COLORADO STATE UNIVERSITY	122,495
1 R01 AG06969-01	BINDER, LESTER I NEURONAL MICROTUBULE HETEROGENEITY	06/01/87-05/31/88	UNIVERSITY OF ALABAMA AT BIRMINGHAM	122,186
7 R29 AG06970-02	WASHBURN, RICHARD A EPIDEMILOGY OF ACTIVITY IN A BIRACIAL OLDER POPULATION	09/01/87-08/31/88	NEW ENGLAND RESEARCH INSTITUTE, INC.	98,754
5 R29 AG06977-02	ROSENTHAL, MARK J CENTRAL REGULATION OF GLUCOCORTICOIDS: EFFECTS OF AGE	09/01/87-08/31/88	UNIVERSITY OF CALIFORNIA LOS ANGELES	84,077
1 R15 AG06983-01	BROWN, RONALD E GROUP BASED PARTICIPATION OF BLACK ELDERLY	09/01/87-08/31/88	EASTERN MICHIGAN UNIVERSITY	70,911
1 R01 AG06985-01	PRESTON, SAMUEL H OLD AGE MORTALITY PATTERNS IN DEVELOPED COUNTRIES	08/01/87-07/31/88	UNIVERSITY OF PENNSYLVANIA	95,567
1 R01 AG06996-01	CASSEL, CHRISTINE K FORECASTING LIFE EXPECTANCY AND ACTIVE LIFE EXPECTANCY	08/01/87-07/31/88	UNIVERSITY OF CHICAGO	173,272
1 R21 AG06998-01	STANDARD, RAYMOND L HOWARD UNIVERSITY PLANNING GRANT--MINORITY AGING	07/01/87-06/30/88	HOWARD UNIVERSITY	89,000
1 R37 AG07001-01	LAWTON, M POWELL AFFECT, NORMAL AGING, AND PERSONAL COMPETENCE	07/01/87-06/30/88	PHILADELPHIA GERIATRIC CTR-FRIEDMAN HOSP	188,064
1 R29 AG07004-01	KENNEY, WILLIAM L HEAT STRESS AND THERMOREGULATION: AGE AND GENDER EFFECTS	09/30/87-08/31/88	PENNSYLVANIA STATE UNIVERSITY PARK	84,824
1 R15 AG07008-01	ALEXANDER, FRANCESCA ALCOHOL USE IN RETIREMENT COMMUNITIES	09/15/87-09/14/89	CALIFORNIA STATE UNIVERSITY LOS ANGELES	66,245
1 R15 AG07014-01	BERRY, STEPHEN D LEARNING, AGING AND THE HIPPOCAMPUS	09/01/87-08/31/89	MIAMI UNIVERSITY OXFORD	68,972
1 R21 AG07022-01	LIU, WILLIAM T ASIAN AMERICAN ELDERLY RESEARCH: A PILOT STUDY	07/01/87-06/30/88	UNIVERSITY OF ILLINOIS AT CHICAGO	78,500
1 R37 AG07025-01	MANTON, KENNETH G FORECASTING LIFE EXPECTANCY AND ACTIVE LIFE	08/01/87-07/31/88	DUKE UNIVERSITY	178,836

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9 R01 AG07046-21	HULTQUIST, DONALD E REDOX SYSTEMS OF ERYTHROCYTES	02/01/87-01/31/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	131,830
1 R21 AG07056-01	JOHNSON, ALLEN H FUNCTIONAL HEALTH OF ELDERLY BLACKS	09/30/87-09/29/88	MEDICAL UNIVERSITY OF SOUTH CAROLINA	67,625
1 R01 AG07068-01	ORSON, FRANK M INTERLEUKIN 2 RECEPTORS IN AGING	09/01/87-08/31/88	BAYLOR COLLEGE OF MEDICINE	73,496
1 R29 AG07069-01	NORMILE, HOWARD J ANIMAL MODELS OF DEMENTIA: NEUROTRANSMITTER INTERACTIONS	09/30/87-08/31/88	WAYNE STATE UNIVERSITY	51,008
1 R13 AG07072-01	WATSON, WILBUR H SCIENTIFIC CONFERENCE ON HEALTH OF THE BLACK AGED	06/15/87-05/31/88	ATLANTA UNIVERSITY	17,545
1 P01 AG07093-01	WYMAN, ROBERT J MOLECULAR GENETICS OF DEVELOPMENT AND AGING	09/30/87-08/31/88	YALE UNIVERSITY	219,860
1 P01 AG07094-01	WALLACE, ROBERT B TEACHING NURSING HOME	09/30/87-08/31/88	UNIVERSITY OF IOWA	460,038
1 R01 AG07112-01	WELCH, FINIS R EFFECT OF CHANGING INDUSTRIAL STRUCTURE ON OLDER WORKERS	08/01/87-07/31/88	UNICON RESEARCH CORPORATION	213,106
1 R01 AG07113-01	MEIER, DIANE E INFLUENCE OF RACE AND AGE ON BONE HOMEOSTASIS	08/01/87-07/31/88	MOUNT SINAI SCHOOL OF MEDICINE	162,486
1 P01 AG07114-01	GILCHREST, BARBARA A IMPACT OF AGING ON CELL PROLIFERATION	08/01/87-07/31/88	BOSTON UNIVERSITY	583,018
1 R01 AG07118-01	EL-FAKAHANY, ESAM E EFFECTS OF AGING ON BRAIN MUSCARINIC RECEPTORS	09/30/87-08/31/88	UNIVERSITY OF MARYLAND BALT PROF SCHOOL	59,323
1 P01 AG07123-01	SMITH, JAMES R MOLECULAR APPROACHES TO THE STUDY OF CELLULAR AGING	09/01/87-08/31/88	BAYLOR COLLEGE OF MEDICINE	876,412
1 R29 AG07127-01	PERLMUTTER, LYNN S CALPAIN & SUBSTRATES IN AGED & ALZHEIMER BRAINS	09/01/87-08/31/88	UNIVERSITY OF CALIFORNIA IRVINE	70,229
7 R29 AG07127-02	PERLMUTTER, LYNN S CALPAIN AND SUBSTRATES IN AGED AND ALZEHEIMER BRAINS	09/01/87-08/31/88	UNIVERSITY OF SOUTHERN CALIFORNIA	81,524

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1 R29 AG07135-01	GALINSKY, RAYMOND E ETHANOL, THE AGING LIVER, AND DRUG SULFATION	08/01/87-07/31/88	UNIVERSITY OF UTAH	85,268
1 R01 AG07137-01	MC ARDLE, J JACK GROWTH CURVES OF ADULT INTELLIGENCE	06/01/87-05/31/88	UNIVERSITY OF VIRGINIA CHARLOTTESVILLE	88,868
1 R29 AG07141-01	CLAIBORNE, BRENDA J AGE-RELATED STRUCTURAL CHANGES IN MAMMALIAN NEURONS	08/01/87-07/31/88	UNIVERSITY OF TEXAS SAN ANTONIO	88,003
1 R01 AG07146-01	BARON, JOHN A PATTERNS OF FRACTURE RISK IN THE ELDERLY	09/30/87-08/31/88	DARTMOUTH COLLEGE	133,518
1 R01 AG07159-01	KIM, SUN-KEE SECRETORY PROTEIN SYNTHESIS DURING AGING	08/01/87-07/31/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	62,296
1 R21 AG07169-01	DAVIS, LUCILLE H SOCIAL FACTORS IN THE HEALTH OF BLACK URBAN ELDERS	07/01/87-06/30/88	NORTHWESTERN UNIVERSITY	68,217
1 R13 AG07173-01	LOCKSHIN, RICHARD A AGING IN THE TERMINALLY DIFFERENTIATED CELL	07/01/87-06/30/88	GERONTOLOGICAL SOCIETY OF AMERICA	11,580
1 R29 AG07179-01	CHATTERS, LINDA M SUBJECTIVE WELL-BEING OF OLDER BLACKS	07/01/87-06/30/88	BRANDEIS UNIVERSITY	83,910
1 R29 AG07180-01	MAZZEO, ROBERT S CATECHOLAMINE RESPONSE WITH AGE AND TRAINING	09/30/87-08/31/88	UNIVERSITY OF COLORADO AT BOULDER	84,802
1 R37 AG07181-01	BARRETT-CONNOR, ELIZABETH L STUDY OF RISK FACTORS FOR OSTEOPOROSIS IN THE ELDERLY	08/01/87-07/31/88	UNIVERSITY OF CALIFORNIA SAN DIEGO	316,798
1 R37 AG07182-01	MC KINLAY, JOHN B PATHWAYS TO PROVISION OF CARE FOR FRAIL OLDER PERSONS	07/01/87-06/30/88	NEW ENGLAND RESEARCH INSTITUTE, INC.	372,594
1 R01 AG07195-01	FORD, AMASA B CLEVELAND ELDERLY 12 YEARS LATER	01/01/87-10/31/87	CASE WESTERN RESERVE UNIVERSITY	253,085
1 R43 AG07197-01	THONNARD, NORBERT IMAGING OF ELEMENTS IN TISSUE AT TRACE CONCENTRATIONS	09/30/87-03/31/88	ATOM SCIENCES, INC.	49,921
1 R37 AG07198-01	MANTON, KENNETH G FUNCTIONAL & HEALTH CHANGES OF THE ELDERLY--1982-1988	07/01/87-06/30/88	DUKE UNIVERSITY	265,897 J

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1 R43 AG07199-01	WASHBURN, RICHARD A PHYSICAL ACTIVITY QUESTIONNAIRE--USE WITH OLDER ADULTS	09/01/87-02/29/88	NEW ENGLAND RESEARCH INSTITUTE, INC.	44,151
1 R43 AG07203-01	JOHNSTON, KEITH M ECCENTRIC CONTRACTIONS EFFECT ON MUSCULOSKELETAL AGING	09/30/87-03/31/88	DESIGN/ANALYSIS SERVICES CO	37,250
1 R01 AG07208-01	YATES, F EUGENE BLOOD PRESSURE AND TEMPERATURE IN AGING	08/01/87-07/31/88	UNIVERSITY OF CALIFORNIA LOS ANGELES	236,149
1 R43 AG07213-01	GRAY, JOHN F FALL EVENT RECORDING SYSTEM	09/01/87-02/29/88	ANCO ENGINEERS, INC.	50,000
1 R01 AG07218-01	HERMAN, BRIAN A MECHANISMS OF CELL DEATH IN HEPATOCYTES	05/01/87-04/30/88	UNIVERSITY OF NORTH CAROLINA CHAPEL HILL	145,872
1 R01 AG07219-01	IVY, GWENDOLYN O MODEL FOR LIPOFUSCIN ACCUMULATION IN AGING & DISEASE	06/01/87-05/31/88	UNIVERSITY OF TORONTO	20,287
1 R01 AG07224-01	FEINBERG, IRWIN WAKING-SLEEP RELATIONSHIPS IN DEVELOPMENT AND AGING	08/01/87-07/31/88	STATE UNIVERSITY NEW YORK STONY BROOK	114,507
9 R01 AG07241-03	SELKOE, DENNIS J MOLECULAR PATHOLOGY OF ALZHEIMER PAIRED HELICAL FILAMENT	05/01/87-04/30/88	BRIGHAM AND WOMEN'S HOSPITAL	168,905
1 S15 AG07242-01	KABISCH, WILLIAM T TWO REFRIGERATED TABLE-TOP CENTRIFUGES	08/01/87-07/31/88	SOUTHERN ILLINOIS UNIVERSITY SCH OF MED	8,845
1 S15 AG07243-01	BEARSE, ROBERT C ULTRACENTRIFUGE BECKMAN T-L-100 TABLETOP SYSTEM VIDEO	08/01/87-07/31/88	UNIVERSITY OF KANSAS LAWRENCE	30,585
1 S15 AG07244-01	PERRY, NATHAN W JR AT & T TRUEVISION IMAGE PROCESSING SYSTEM	08/01/87-07/31/88	UNIVERSITY OF FLORIDA	10,293
1 S15 AG07245-01	SAUNDERS, J PALMER ULTRACENTRIFUGE/INVERTED FLUORESCENCE MICROSCOPE/HPLC	08/01/87-07/31/88	UNIVERSITY OF TEXAS MED BR GALVESTON	45,451
1 S15 AG07246-01	WILSON, IVAN D MICROSCOPE NIKON RESEARCH EPI-FLUORESCENCE MICROSCOPE	08/01/87-07/31/88	UNIVERSITY OF ARKANSAS MED SCIS LTL ROCK	26,784
1 S15 AG07247-01	JONES, RONALD H HITACHI SPECTROPHOTOMETER	08/01/87-07/31/88	FLORIDA INSTITUTE OF TECHNOLOGY	5,000

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1 S15 AG07248-01	DOUKAS, HARRY M BEC MODEL CW-3500 CAGE AND BOTTLE WASHER--IBM AT 339	09/30/87-09/29/88	GEORGETOWN UNIVERSITY	14,260
1 S15 AG07249-01	PARDES, HERBERT ZEISS ICM 405 MICROSCOPE, MASS STORAGE SYSTEM, & OTHERS	08/01/87-07/31/88	NEW YORK STATE PSYCHIATRIC INSTITUTE	64,020
1 S15 AG07251-01	COX, ROBERT H LIQUID SCINTILLATION COUNTER	08/01/87-07/31/88	GRADUATE HOSPITAL (PHILADELPHIA)	24,700
1 S15 AG07252-01	NOLLER, HARRY F, JR TABLETOP ULTRACENTRIFUGE, ROTORS, SPECTROPHOTOMETER	08/01/87-07/31/88	UNIVERSITY OF CALIFORNIA SANTA CRUZ	29,251
1 S15 AG07253-01	PINGS, CORNELIUS J 4-CHANNEL CHART RECORDER/AUTOCLAVE STEAM GENERATOR	08/01/87-07/31/88	UNIVERSITY OF SOUTHERN CALIFORNIA	34,102
1 S15 AG07254-01	SCHNEIDERMAN, NEIL COULTER MODEL N4-S LIGHT SCATTER APPARATUS & WILLOVERT	08/01/87-07/31/88	UNIVERSITY OF MIAMI	11,866
1 S15 AG07255-01	YOUNG, RYLAND F BECKMAN TL-100 TABLE TOP ULTRACENTRIFUGE	08/01/87-07/31/88	TEXAS AGRI AND MECH UNIV COLLEGE STATION	30,794
1 S15 AG07256-01	PHILLIPS, LINDA R VIDEOCASSETTE RECORDER	08/01/87-07/31/88	UNIVERSITY OF ARIZONA	5,000
1 S15 AG07257-01	WALLER, STEVEN B REVCO ULTRA-LOW TEMPERATURE FREEZER	08/01/87-07/31/88	UNIVERSITY OF SOUTH DAKOTA	5,057
1 S15 AG07259-01	SIMMELINK, JAMES W PROJECTION MICROSCOPE	08/01/87-07/31/88	CASE WESTERN RESERVE UNIVERSITY	5,000
1 S15 AG07260-01	MISTRETTA, CHARLOTTE M POLYGRAPH FOR PHYSIOLOGICAL MEASURES	08/01/87-07/31/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	13,171
1 S15 AG07261-01	WISNIEWSKI, HENRYK M PURCHASE OF APPLIED BIOSYSTEMS MODEL 120A PTH ANALYZER	08/01/87-07/31/88	INSTITUTE FOR BASIC RES IN DEV DISABIL	21,498
1 S15 AG07263-01	POSNER, JOEL D HEWLETT PACKARD TELEMETRY SYSTEM	08/01/87-07/31/88	PHILADELPHIA GERIATRIC CTR-FRIEDMAN HOSP	20,732
1 S15 AG07264-01	ROSENFIELD, ALLAN SMALL INSTRUMENTATION PROGRAM	08/01/87-07/31/88	COLUMBIA UNIVERSITY NEW YORK	17,717

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1 S15 AG07265-01	STONE, KATHLEEN S KODAK EKTACHEM DT 60 ANALYZER SYSTEM	08/01/87-07/31/88	OHIO STATE UNIVERSITY	5,067	
1 S15 AG07266-01	DAVIS, JOSEPH H REFRIGERATED CENTRIFUGES AND CAGE WASHER	08/01/87-07/31/88	MC LEAN HOSPITAL (BELMONT, MA)	50,805	
1 R01 AG07454-01	SMEEDING, TIMOTHY M COMPARATIVE ECONOMIC STATUS OF THE ELDERLY	05/01/87-04/30/88	VANDERBILT UNIVERSITY	119,712	
1 R13 AG07494-01	BALES, CONNIE W MINERAL HOMEOSTASIS IN ELDERLY: IDENTIFY PRIORITIES	09/30/87-09/29/88	DUKE UNIVERSITY	17,489	J
1 R13 AG07497-01	HUBER, AGNES M CONFERENCE ON ORAL FUNCTION & NUTRITION IN THE ELDERLY	09/30/87-09/29/88	SIMMONS COLLEGE	14,649	
1 R13 AG07499-01	POLLARD, MORRIS SYMPOSIUM ON THE USE OF GERMFREE RATS IN AGING STUDIES	09/30/87-09/29/88	UNIVERSITY OF NOTRE DAME	8,300	
1 R13 AG07501-01	FISHER, KENNETH D WORKSHOP: FOLATE/VITAMIN B12 IN NEUROLOGIC DEGENERATION	09/30/87-09/29/88	FEDERATION OF AMER SOC FOR EXPER BIO	26,382	
1 R13 AG07505-01	MURPHY, CLAIRE L CONFERENCE ON NUTRITION & THE CHEMICAL SENSES IN AGING	09/30/87-09/29/88	SAN DIEGO STATE UNIVERSITY	29,805	J
1 R13 AG07512-01	JEROME, NORGE W NUTRITION IN AGING BLACKS--BIOSOCIAL PROCESSES	09/30/87-09/29/88	UNIVERSITY OF KANSAS LAWRENCE	20,000	J
9 R01 AG07538-04	DERMAN, EVA STRUCTURE AND EXPRESSION OF MOUSE MAJOR URINARY PROTEIN	09/01/87-08/31/88	PUBLIC HLTH RES INST OF THE CITY OF NY	137,711	
1 R13 AG07541-01	GARRY, PHILIP J CONFERENCE ON ASSESSMENT OF NUTRITIONAL STATUS IN ELDER	09/30/87-09/29/88	UNIVERSITY OF NEW MEXICO ALBUQUERQUE	35,000	
1 P01 AG07542-01	PARFITT, A MICHAEL BONE REMODELING: AMOUNT/QUALITY OF BONE NAD FRACTURES	09/01/87-08/31/88	HENRY FORD HOSPITAL	490,423	
1 R01 AG07654-01	FISK, ARTHUR D AUTOMATIC/CONTROLLED PROCESSING AND AGING	09/01/87-08/31/88	GEORGIA INSTITUTE OF TECHNOLOGY	88,940	
1 R01 AG07691-01	CRUTCHER, KEITH A NEURONAL PLASTICITY IN THE AGED RAT HIPPOCAMPUS	09/01/87-08/31/88	UNIVERSITY OF CINCINNATI	133,449	

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1 R01 AG07771-01	NORTH, WILLIAM G NEUROPEPTIDES IN CENTRAL DISORDERS: ALZHEIMER'S DISEASE	09/30/87-08/31/88	DARTMOUTH COLLEGE	134,416
1 R01 AG07772-01	GUILLEMINAULT, CHRISTIAN SLEEP, CIRCADIAN RHYTHMS, ACTIVITY, AND THE HEART	09/30/87-08/31/88	STANFORD UNIVERSITY	158,008
2 Y01 AG10035-07	PAYNE, THOMAS H AGES-CHANGES IN VISION, AND HEARING	10/01/86-09/30/87	U.S. OFFICE OF NAVAL RESEARCH	60,000
5 N01 AG12106-08	EVANS, DENIS A SENILE DEMENTIA: NATURAL HISTORY	09/25/87-06/30/88	BRIGHAM AND WOMEN'S HOSPITAL	133,271
2 Y02 AG20040-05	FROMMER, PETER L SENILE DEMENTIA IN FRAMINGHAN HEART STUDY PARTICIPANTS	03/01/87-01/31/88	U.S. NATIONAL INSTITUTES OF HEALTH	147,000
2 Y02 AG20040-06	LENFANT, CLAUDE STUDIES OF DEMENTIA IN THE FRAMINGHAM HEART STUDY COHORT	03/01/87-02/28/88	U.S. NATIONAL INSTITUTES OF HEALTH	53,000
2 N01 AG22132-05	SMITH, JAMES R ASSESSMENT OF HUMAN CELLULAR AGING	09/03/87-08/31/88	W. ALTON JONES CELL SCIENCE CENTER	145,149
5 N01 AG32103-09	BOLK, MELVIN MAINTAIN A COLONY OF GENETICALLY DEFINED AGED MICE	03/31/87-06/30/88	CHARLES RIVER BREEDING LABORATORIES	950,000
5 N01 AG32104-11	RUSSELL, ROBERT J MAINTAIN A COLONY OF GENETICALLY DEFINED AGED RATS	06/30/87-12/31/88	HARLAN SPRAGUE DAWLEY, INC.	800,000
3 N01 AG32122-04	GARNER, F M PATHOLOGY MONITORING OF A FISCHER 344 AGED RAT COLONY	09/29/87-09/29/88	BIOPATH	16,829
5 N01 AG42101-04	BOWDEN, DOUGLAS M PRIMARY RESOURCE AND BIOMARKER DEVELOPMENT	03/31/87-03/30/88	UNIVERSITY OF WASHINGTON	224,335
3 N01 AG42103-03	HALL, WILLIAM C PATHOLOGY IN A MULTIGENOTYPIC AGED MOUSE COLONY	03/23/87-03/30/88	MICROBIOLOGICAL ASSOCIATES, INC.	22,369
5 N01 AG42109-02	WEISFELDT, MYRON L ASSESSMENT OF CARDIAC STRUCTURE AND FUNCTION IN AGED MEN	06/29/87-09/29/88	JOHNS HOPKINS UNIVERSITY	234,695
2 Y02 AG50054-02	WILLIS, JUDITH B PREVENTION OF FALLS IN THE ELDERLY	04/02/87-03/31/88	U.S. NATIONAL INSTITUTES OF HEALTH	168,895

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2 Y01 AG50055-03	KEANE, JOHN G DEVELOP INTERNATIONAL DATA BASE ON AGING	04/01/87-03/31/88	U.S. BUREAU OF THE CENSUS	20,000
2 Y01 AG50057-01	FEINLEIB, MANNING 1986 NATIONAL MORTALITY FOLLOWBACK SURVEY	10/01/87-09/30/88	U.S. NATIONAL CENTER FOR HLTH STATISTICS	25,000
2 Y01 AG50064-02	WHITTINGTON, RICHARD W CLINICAL RESEARCH SERVICES	10/01/86-06/30/87	U.S. VETS ADMIN MED CTR (GAINESVILLE,FL)	39,198
2 Y01 AG50064-03	WHITTINGTON, RICHARD W CLINICAL RESEARCH SERVICES	07/01/87-09/30/87	U.S. VETS ADMIN MED CTR (GAINESVILLE,FL)	13,066
1 Y01 AG50065-00	PINEIRO, CARMELO MECHANISM TO OBTAIN SUPPLIES FROM GSA	10/01/86-09/30/87	U.S. GENERAL SERVICES ADMINISTRATION	15,000
2 Y02 AG50066-03	ANTOS, JOSEPH	06/28/87-06/27/88	U.S. HEALTH CARE FINANCING ADMIN	194,601
2 Y01 AG50068-03	BIBB, WILLIAM R ESTABLISHMENT AND MAINTENANCE OF A FROZEN EMBRYO BANK	09/15/87-09/14/88	U.S. DEPARTMENT OF ENERGY--OAK RIDGE OP	50,519
2 Y01 AG50072-04	FEINLEIB, MANNING LONGITUDINAL STUDY OF AGING	09/01/86-09/30/87	U.S. NATIONAL CENTER FOR HLTH STATISTICS	30,000
5 N01 AG52115-03	CARL, STEPHEN P MAINTENANCE OF A LONG-TERM COLONY OF AGED HYBRID RATS	09/30/87-12/14/90	CHARLES RIVER BREEDING LABORATORIES	436,858
2 Y02 AG60069-01	HOLSTON, SHARON S BIOMARKERS OF AGING: ANIMAL CARE	02/27/86-09/30/87	U.S. FOOD AND DRUG ADMINISTRATION	795,000
5 N01 AG62109-03	GREENE, ARTHUR E PRODUCTION OF GENETICALLY MARKED CELL FOR AGING RESEARCH	09/21/87-11/30/88	CORIELL INSTITUTE FOR MEDICAL RESEARCH	334,870 J
1 Y01 AG70088-00	HEMPERLEY, JOHN FEDLINK MEMBERSHIP	10/01/86-09/30/87	U.S. LIBRARY OF CONGRESS	17,118
1 Y02 AG70089-00	WILLIAMS, T F MAINTAIN TRAINING FACILITY	01/01/87-09/30/87	U.S. NATIONAL INSTITUTES OF HEALTH	5,000
1 Y01 AG70091-00	SESSA, ANTHONY P, JR TRAINING COURSE "FEDERAL EMPLOYEE RETIREMENT SYSTEM"	01/01/87-12/31/87	U.S. OFFICE OF PERSONNEL MANAGEMENT	2,000

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1 Y02 AG70092-00	WILLIAMS, T FRANKLIN CONFERENCE ON OSTEOPOROSIS	01/01/87-12/31/87	U.S. NATIONAL INSTITUTES OF HEALTH	10,000	
1 Y01 AG70093-00	KEANE, JOHN G SPECIAL REPORT ON THE NATION'S CENTENNARIANS	03/01/87-07/01/87	U.S. BUREAU OF THE CENSUS	15,000	
1 Y01 AG70094-00	KEANE, JOHN G ESTABLISH OFFICE OF STATISTICAL DATA	02/27/87-09/30/88	U.S. BUREAU OF THE CENSUS	225,000	
1 Y02 AG70095-00	FEINLEIB, MANNING ESTABLISH OFFICE OF STATISTICAL DATA	02/15/87-09/30/87	U.S. NATIONAL CENTER FOR HLTH STATISTICS	220,000	
3 Y02 AG70095-01	FEINLEIB, MANNING ESTABLISH OFFICE OF STATISTICAL DATA	02/15/87-09/30/88	U.S. NATIONAL CENTER FOR HLTH STATISTICS	10,000	
1 Y01 AG70096-00	FEINLEIB, MANNING NATIONAL NURSING HOME SURVEY FOLLOWUP	03/01/87-12/31/88	U.S. NATIONAL CENTER FOR HLTH STATISTICS	200,000	
1 Y02 AG70097-00	WHITNEY, ROBERT A IN VIVO NMR RESEARCH CENTER PROJECT	04/01/87-09/30/87	U.S. NATIONAL INSTITUTES OF HEALTH	25,000	
1 Y02 AG70098-00	TIDMORE, JAMES L FORUM ON DRUG DEVELOPMENT AND REGULATION	05/04/87-09/30/87	U.S. FOOD AND DRUG ADMINISTRATION	8,333	
1 Y01 AG70100-00	WOLFF, HERBERT D, III CORE SUPPORT FOR COMMITTEE ON NATIONAL STATISTICS	08/01/87-07/31/88	U.S. NATIONAL CENTER FOR HLTH STATISTICS	25,000	
1 Y02 AG70108-00	FEINLEIB, MANNING COMPLEX SURVEY ANALYTICAL SOFTWARE DEVELOPMENT	09/30/86-08/31/87	U.S. NATIONAL CENTER FOR HLTH STATISTICS	10,000	
1 N01 AG72102-00	COHEN, BENNETT J PATHOLOGY MONITORING AGED HYBRID RAT COLONY	03/31/87-03/30/88	LYLE VETERINARY LABORATORIES	14,299	
1 R13 AI23966-01	BAUM, LINDA L MIDWEST AUTUMN IMMUNOLOGY CONFERENCE	11/12/86-11/11/87	UNIVERSITY OF HLTH SCI/CHICAGO MED SCH	1,500	J
5 R01 AR30582-22	KURLAND, LEONARD T EPIDEMIOLOGY PROGRAM PROJECT	09/01/87-08/31/88	MAYO FOUNDATION	19,759	J
5 T32 DK07523-02	HORTON, EDWARD S TRAINING IN DIABETES, ENDOCRINOLOGY AND METABOLISM	01/01/87-12/31/87	UNIVERSITY OF VERMONT & ST AGRIC COLLEGE	32,513	J

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5 T34 GM08055-02	CLARKE, DONALD D MARC HONORS UNDERGRADUATE RESEARCH TRAINING PROGRAM	06/01/87-05/31/88	FORDHAM UNIVERSITY	21,256	J
1 T36 GM08225-01	WASHINGTON, ARTHUR C NATIONAL INSTITUTE OF SCIENCE NATIONAL MEETING, 1987	03/01/87-02/29/88	NATIONAL INSTITUTE OF SCIENCE	6,000	J
1 R13 GM38821-01	STILLMAN, BRUCE W EUKARYOTIC CHROMOSOME REPLICATION	07/01/87-06/30/88	COLD SPRING HARBOR LABORATORY	2,600	J
1 Y02 GM70002-00	TIDMORE, JAMES L SUPPORT FOR FORUM ON DRUG DEVELOPMENT AND REGULATION	05/04/87-09/30/87	U.S. FOOD AND DRUG ADMINISTRATION	8,333	J
5 N01 HC48052-08	HAWKINS, C MORTON SYSTOLIC HYPERTENSION IN THE ELDERLY	04/30/87-11/30/87	UNIVERSITY OF TEXAS HLTH SCI CTR HOUSTON	750,886	J
3 N01 HC48054-08	BORHANI, NEMAT O SYSTOLIC HYPERTENSION IN THE ELDERLY	04/08/87-11/30/87	UNIVERSITY OF CALIFORNIA DAVIS	362,353	J
3 N01 HC48055-07	BLAUFOX, MORTON D SYSTOLIC HYPERTENSION IN THE ELDERLY	09/30/87-11/30/87	YESHIVA UNIVERSITY	9,913	J
5 N01 HC48060-05	SMITH, W MCFATE SYSTOLIC HYPERTENSION IN THE ELDERLY	04/30/87-11/30/87	MEDICAL RESEARCH INSTITUTE OF SAN FRAN	334,906	J
5 N01 HC48061-06	RAINES, JEFFREY K SYSTOLIC HYPERTENSION IN THE ELDERLY	04/23/87-11/30/87	MIAMI HEART INSTITUTE (MIAMI BEACH)	270,097	J
5 N01 HC48062-05	GRIMM, RICHARD H, JR SYSTOLIC HYPERTENSION IN THE ELDERLY	06/10/87-11/30/87	UNIVERSITY OF MINNESOTA OF MNPLS-ST PAUL	304,453	J
5 N01 HC48063-06	BERKSON, DAVID M SYSTOLIC HYPERTENSION IN THE ELDERLY	04/23/87-11/30/87	NORTHWESTERN UNIVERSITY	332,493	J
5 N01 HC48065-06	KULLER, LEWIS H SYSTOLIC HYPERTENSION IN THE ELDERLY	05/13/87-11/30/87	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	352,512	J
5 N01 HC48066-06	KOSTIS, JOHN B SYSTOLIC HYPERTENSION IN THE ELDERLY	05/13/87-11/30/87	UNIV OF MED/DENT NJ-R W JOHNSON MED SCH	220,000	J
5 N01 HC48067-06	APPLEGATE, WILLIAM B SYSTOLIC HYPERTENSION IN THE ELDERLY	04/23/87-11/30/87	UNIVERSITY OF TENN CENTER HEALTH SCIEN	397,300	J

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5 N01 HC48068-09	PERRY, H MITCHELL, JR SYSTOLIC HYPERTENSION IN THE ELDERLY	09/29/87-02/05/88	WASHINGTON UNIVERSITY	90,087	J
5 N01 HC48069-06	BLACK, HENRY R SYSTOLIC HYPERTENSION IN THE ELDERLY	06/02/87-11/30/87	YALE UNIVERSITY	175,000	J
5 R01 HD21009-02	BUMPASS, LARRY L THE HEALTH AND WELL-BEING OF FAMILIES IN TRANSITION	01/01/87-12/31/87	UNIVERSITY OF WISCONSIN MADISON	270,000	J
5 T32 HL07011-13	KULLER, LEWIS H CARDIOVASCULAR EPIDEMIOLOGY AND PREVENTION	07/01/87-05/31/88	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	62,274	J
5 T32 HL07110-13	GOLDMAN, ISRAEL D MEMBRANE PHENOMENA RELEVANT TO CARDIOVASCULAR DISEASES *	07/01/87-05/31/88	VIRGINIA COMMONWEALTH UNIVERSITY	34,847	J
1 U01 HL40154-01	PAUERSTEIN, CARL J POSTMENOPAUSAL ESTROGEN/PROGESTIN INTERVENTIONS	09/30/87-06/29/88	UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT	412	J
1 U01 HL40185-01	LA ROSA, JOHN C POSTMENOPAUSAL HORMONE THERAPY--RISKS AND BENEFITS	09/30/87-06/29/88	GEORGE WASHINGTON UNIVERSITY	2,616	J
1 U01 HL40195-01	SCHROTT, HELMUT G POSTMENOPAUSAL ESTROGEN/PROGESTIN INTERVENTIONS	09/30/87-06/29/88	UNIVERSITY OF IOWA	1,315	J
1 U01 HL40205-01	WOOD, PETER D STANFORD POSTMENOPAUSAL HORMONE REPLACEMENT STUDY	09/30/87-06/29/88	STANFORD UNIVERSITY	2,737	J
1 U01 HL40207-01	BARRETT-CONNOR, ELIZABETH L POSTMENOPAUSAL ESTROGEN/PROGESTIN INTERVENTIONS	09/30/87-06/29/88	UNIVERSITY OF CALIFORNIA SAN DIEGO	2,842	J
1 U01 HL40231-01	BUSH, TRUDY L POSTMENOPAUSAL ESTROGEN/PROGESTIN CLINICAL CENTER	09/30/87-06/29/88	JOHNS HOPKINS UNIVERSITY	1,823	J
1 U01 HL40232-01	WELLS, H BRADLEY POSTMENOPAUSAL ESTROGEN/PROGESTIN COORDINATING CENTER	09/30/87-06/29/88	WAKE FOREST UNIVERSITY	10,943	J
1 U01 HL40273-01	JUDD, HOWARD L ESTROGEN AND PROGESTIN IN HEART DISEASE	09/30/87-06/29/88	UNIVERSITY OF CALIFORNIA LOS ANGELES	2,311	J
5 T32 NS07078-11	POWELL, HENRY C PATHOGENESIS OF VIRUS INDUCED BRAIN DISEASE	07/01/87-06/30/88	UNIVERSITY OF CALIFORNIA SAN DIEGO	40,162	J

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5 T32 NS07149-09	WEINER, LESLIE P NEUROVIROLOGY AND IMMUNOLOGY	07/01/87-06/30/88	UNIVERSITY OF SOUTHERN CALIFORNIA	33,476	J
1 R13 NS24673-01	PENN, RICHARD D NEUROLOGICAL APPLICATIONS OF IMPLANTED DRUG PUMPS	04/01/87-03/31/88	NEW YORK ACADEMY OF SCIENCES	8,000	J
1 R13 NS24798-01	PURPURA, DOMINICK P SYMPOSIA SUPPORT FOR NEUROSCIENCE WORLD CONGRESS	04/01/87-03/31/88	SOCIETY FOR NEUROSCIENCE	15,000	J
1 Y01 OD70301-00	LAWRENCE, L EARL ACCESS TIME TO NSF-SPONSORED SUPERCOMPUTER CENTERS	05/14/87-09/30/87	U.S. NATIONAL SCIENCE FOUNDATION	5,000	J
5 U09 RG00009-07	CROW, JAMES F MAMMALIAN GENETICS STUDY SECTION	09/01/87-06/30/88	U.S. PHS PUBLIC ADVISORY GROUPS	20,000	J
5 U09 RG00021-05	WAGNER, PETER D RESPIRATORY & APPLIED PHYSIOLOGY STUDY SECTION	03/01/87-07/31/87	U.S. PHS PUBLIC ADVISORY GROUPS	15,000	J
5 U09 RG10769-17	EATON, DOUGLAS C PHYSIOLOGY STUDY SECTION	07/01/87-06/30/88	U.S. PHS PUBLIC ADVISORY GROUPS	50,000	J
5 R09 RG11219-15	COHEN, DAVID H NEUROLOGY A STUDY SECTION	07/01/87-07/31/87	U.S. PHS PUBLIC ADVISORY GROUPS	20,000	J
5 U09 RG12251-13	PRENDERGAST, FRANKLIN G BIOPHYSICAL CHEMISTRY STUDY SECTION	07/01/87-06/30/88	U.S. PHS PUBLIC ADVISORY GROUPS	75,000	J
5 U09 RG14930-15	BARKER, KENNETH L REPRODUCTIVE BIOLOGY STUDY SECTION	06/01/87-06/30/87	U.S. PHS PUBLIC ADVISORY GROUPS	20,000	J
5 U09 RG19531-10	MARECEK, JEANNE SOCIAL SCIENCES AND POPULATION STUDY SECTION	06/01/87-06/30/87	U.S. PHS PUBLIC ADVISORY GROUPS	20,000	J
5 P51 RR00163-28	LASTER, LEONARD SUPPORT FOR REGIONAL PRIMATE RESEARCH CENTER	05/01/87-04/30/88	MEDICAL RESEARCH FOUNDATION OF OREGON	30,391	J
5 P51 RR00164-26	WALSH, JOHN J SUPPORT FOR REGIONAL PRIMATE RESEARCH CENTER	05/01/87-04/30/88	TULANE UNIVERSITY OF LOUISIANA	26,561	J
2 P51 RR00166-26	LEIN, JOHN N REGIONAL PRIMATE RESEARCH CENTER	05/01/87-04/30/88	UNIVERSITY OF WASHINGTON	24,456	J

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NATIONAL INSTITUTE ON AGING
FY87 NIA AWARDS (ESTIMATED)

GRANT NUMBER	PRINCIPAL INVESTIGATOR TITLE	BUDGET DATES	INSTITUTION	TOTAL AWARD	
5 P51 RR00167-27	BOCK, ROBERT H REGIONAL PRIMATE RESEARCH CENTER SUPPORT	05/01/87-04/30/88	UNIVERSITY OF WISCONSIN MADISON	55,029	J
5 P51 RR00169-26	RHODE, EDWARD A CALIFORNIA PRIMATE RESEARCH CENTER	05/01/87-04/30/88	UNIVERSITY OF CALIFORNIA DAVIS	56,690	J
5 M01 RR02719-02	ZIEVE, PHILIP D GENERAL CLINICAL RESEARCH CENTER	12/01/86-11/30/87	JOHNS HOPKINS UNIVERSITY	372,423	J
1 R13 RR03813-01	GRODZICKER, TERRI I C. ELEGANS MEETING	04/01/87-03/31/88	COLD SPRING HARBOR LABORATORY	3,200	J
5 T32 RR07002-11	STRANDBERG, JOHN D LABORATORY ANIMAL MEDICINE AND PATHOLOGY	07/01/87-06/30/88	JOHNS HOPKINS UNIVERSITY	22,226	J
2 T32 RR07008-11	RINGLER, DANIEL H TRAINING IN LABORATORY ANIMAL SCIENCE AND MEDICINE	07/01/87-06/30/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	59,422	J
2 T32 RR07019-06	VAN HOOSIER, GERALD L, JR COMPARATIVE MEDICAL TRAINING PROGRAM	07/01/87-06/30/88	UNIVERSITY OF WASHINGTON	40,042	J
5 S06 RR08016-17	LITTLETON, GEORGE K BIOMEDICAL INTERDISCIPLINARY PROJECT	08/01/87-07/31/88	HOWARD UNIVERSITY	54,761	J
5 S06 RR08022-16	CHOPRA, BALDEO K RESEARCH METHODS FOR PRE-PROFESSIONAL STUDENTS	01/01/87-12/31/87	JOHNSON C. SMITH UNIVERSITY	37,360	J
5 S06 RR08038-17	ALDRIDGE, JAMES W MBRS PROGRAM AT PAN AMERICAN UNIVERSITY	07/08/87-07/07/88	PAN AMERICAN UNIVERSITY	108,671	J
5 S06 RR08064-16	PLESSY, BOAKE L SUPPORT FOR BIOMEDICAL RESEARCH	09/01/87-08/31/88	DILLARD UNIVERSITY	47,266	J
5 S06 RR08139-13	ATENCIO, ALONZO C MINORITY BIOMEDICAL RESEARCH SUPPORT PROGRAM	01/01/87-12/31/87	UNIVERSITY OF NEW MEXICO ALBUQUERQUE	9,582	J
5 S06 RR08239-02	EYLAR, EDWIN H MBRS PROGRAM AT THE PONCE SCHOOL OF MEDICINE	06/01/87-05/31/88	PONCE SCHOOL OF MEDICINE	65,940	J
5 N01 RR42111-05	RIDDLE, DONALD L OPERATION OF A CAENORHABDITIS GENETICS CENTER	08/18/87-09/29/88	UNIVERSITY OF MISSOURI COLUMBIA	18,913	J
GRAND TOTAL:			910	145,929,874	

J = JOINTLY FUNDED, NIA MONIES LISTED
* = ADMINISTRATIVE SUPPLEMENTS

THE NATIONAL CENTER FOR HEALTH SERVICES RESEARCH AND HEALTH CARE TECHNOLOGY ASSESSMENT

The National Center for Health Services Research and Health Care Technology Assessment (NCHSR) seeks to create new knowledge and better understanding of the processes by which health services are made available and how they may be provided more efficiently, more effectively, and at lower cost. As an important source of Federal support for health services research, NCHSR is responsible for ensuring that comprehensive and systematic research is conducted to test the assumptions on which current health policies and delivery practices are based, developing the means to monitor the performance of the health care system and examining new options for the organization, delivery, and financing of health services. NCHSR's policy analytic capacity is targeted to the needs of health care policymakers, including executive and legislative officials at the Federal, State, and local levels, health care providers, and consumers.

The NCHSR extramural research program provides support for investigator-initiated and peer-reviewed health services research projects. The intramural research program conducts studies that have immediate as well as long-term relevance. NCHSR's Office of Health Technology Assessment conducts assessments of the safety and effectiveness of health care technologies being considered for coverage under Federally financed health programs.

DIVISION OF INTRAMURAL RESEARCH

LONG TERM CARE

The Division of Intramural Research has been involved in research on the problem of financing long term care for a number of years. The feasibility of long term care insurance has been a major focus of this effort. The studies undertaken by staff were used in formulating the Department's position on coverage of catastrophic events. Staff also testified on the results of the research on long term care insurance before the Subcommittee on Health, Ways and Means Committee. Studies to explore the potential demand for private insurance coverage for long term care and approaches that might be used to encourage the development of this market are underway. In conjunction with these studies, Mark Meiners, a member of the staff of the Division prepared a report published by the National Center for Health Statistics in *Vital and Health Statistics* on the Data Requirements for Long Term Care Insurance. This report describes the type of data needed to develop actuarial estimates as a basis for establishing premiums and risks.

In recent years, service credit banking has been developed as a strategy for motivating volunteers to provide assistance to the elderly. This approach would expand the availability of informal care for the elderly at relatively low cost. NCHSR is in the process of reviewing the nature of existing service credit programs and the experience with these programs, and exploring ways they might be designed to achieve their objectives.

In the early 1980's, NCHSR developed a research experiment to test the effectiveness of case-mix incentive payments for nursing homes. Based on this experiment, NCHSR published a Long Term Care Program Research Report in April 1987 entitled *Resource Requirements of Nursing Home Patients Based on Time and Motion Studies.* The work sampling and time and motion data collected in this experiment were used to develop an empirical relationship between patient impairment levels and nursing home requirements. Such data could be used to develop empirically based cost reimbursement schemes for nursing homes.

HEALTH SERVICES FOR THE AGING

The aging of the U.S. population has heightened public and private focus on the health, social, and residential services required by individuals who have lost the ability to function independently because of ill health and physical and mental impairments. The increasing risk with age of incurring such impairments, coupled with the rapid growth of the elderly, will ensure that caring for the impaired elderly will continue to be an important issue for public and private policies. The Health Services for the Aged Studies Program (HSASP) was initiated by NCHSR in 1985 to conduct research on health, social, and residential services for physically and mentally impaired elderly.

In fiscal year 1987, the U.S. House of Representatives, Select Committee on Aging, Subcommittee on Human Services, published a report entitled "Exploding the Myth: Caregiving in America," prepared by Robyn Stone, a member of the staff of the intramural research program.

This report provides information about the importance of informal caregiving to the frail elderly. It contains an overview of informal caregiving and the demographic, social, and economic trends that effect the role of family, and other impaired helpers in providing long term care to elderly persons living in the community. The Division of Intramural Research also prepared a report providing a national profile of caregivers of the frail elderly.

A series of reports were also authored by members of the staff on the impact of community care demonstrations for the elderly on the costs of providing care for this population. A review of these experiments revealed that any small reductions in nursing home costs resulting from community care programs was more than offset by increased costs of providing services to those who remained at home.

NATIONAL MEDICAL EXPENDITURE SURVEY

In fiscal year 1987, the NCHSR initiated the National Medical Expenditure Survey (NMES). This survey will provide a unique data base on how the population uses health care, what they pay for this care, and how we finance these expenditures. It will also collect a substantial amount of new information on the elderly and long term care. The national household survey of the civilian noninstitutionalized population will include an oversample of groups of particular policy interest, including the elderly. In addition to the core data on use, expenditures, health insurance, and sociodemographic variable collected for the noninstitutionalized population, the 1987 NMES household survey has a new focus on long term care. For example, data is being obtained on charges and sources of payment for both formal and informal caregivers and on various measures of health status and functional limitations of the noninstitutionalized long term care population. The 1987 NMES also includes a survey of 13,000 residents of long-term care institutions who resided in such institutions for any part of 1987. This institutional component of the survey includes: 700 nursing and personal care homes; 775 facilities for the mentally retarded; and 200 psychiatric hospitals. Data is being obtained on health status and functional status; 1987 institutional charges and sources of payments; expenditures and sources of payment for care provided by physicians, acute hospitals and other noninstitutional providers during 1987; and length of stay. These data are being supplemented by information obtained from surveys of the next of kin or community respondents. In addition, data will be obtained on the health status and functional limitations of sample patients prior to admission, characteristics of family members, and supplementary data on use, expenditures, and sources of payments during 1987.

To develop a sample frame for the institutional components of the 1987 NMES, NCHSR provided funds to the National Center for Health Statistics and the Bureau of the Census to develop a comprehensive inventory of nursing homes. This inventory was completed in fiscal year 1987 and public use tapes are now available which provide information on the characteristics of these homes, including bed size, number of staff, and occupancy rates. The inventory represents the most current and complete census of these institutions.

The 1987 NMES data base could also provide a unique opportunity to develop national estimates on what services are used by those with Alzheimer's Disease and related dementias, the costs of these services, the methods of financing care, and changes in these costs and financing over time. The data base also includes information on both formal and informal arrangements for homecare. With the addition of information to identify those in the sample with some degree of cognitive impairment, it would be possible to examine many of the Federal policy issues associated with the problem of dementia in the elderly. In fiscal year 1988 and 1989, NCHSR will attempt to structure the data to permit analyses in these areas.

DIVISION OF EXTRAMURAL RESEARCH

NCHSR's Division of Extramural Research supported a number of projects in fiscal year 1987 on issues related to developments in aging, the elderly and long-term care.

Projects Completed in fiscal year 1987 include:

"Policy Conference: Paying Physicians for Geriatric Care" (Butler).—Geriatric patients account for a third of the approximately $450 billion spent annually on health care, and that share is expected to increase. But primary medical care, which can reduce hospitalization, is not meeting geriatric needs adequately. The main reasons are the lack of physician understanding of psychosocial aspects of geriatric care and the coverage and payment policies of Medicare. These conclusions come from a study of 60 private and prepaid practice physicians with geriatric practices in St. Petersburg, FL; New York City; rural North Carolina; and

the San Francisco/Palo Alto area in California, plus interviews with six noted geriatrics experts. Findings show, for example, that only a few of the doctors evaluated new geriatric patients for mental acuity, ability to perform everyday activities, or living arrangements—assessments considered critical to proper chronic disease management in the elderly by the geriatricians consulted. Further, although more than three-quarters of the doctors agreed that office visits for the elderly can be time consuming, fewer than half reported taking extra time with patients 80 or older—those often called "frail" elderly. The study also asked the doctors about their views on Medicare payment. More than half felt the fee paid by Medicare for an initial visit by an elderly patient failed to cover costs. An approximately equal percentage said Medicare coverage is too limited for services elderly patients often need, such as psychological and social support, foot care, and home care. Nearly three-quarters of the doctors agreed with the geriatrics experts that physician office services need to be expanded for the elderly. In addition, more than half the doctors said they thought Medicare limitations make elderly patients less willing to visit or return to primary care physicians. Many physicians also said lack of coverage of mental health and other nontraditional medical services limits diagnostic and treatment options for the elderly. The study was part of a multidisciplinary conference held May 1-2, 1986, in New York City to develop a research and policy agenda on payment for geriatric ambulatory care. Details are in *Primary Medical Care for Elderly Patients: A Study of Service Mix and Payment* (PB87-179180/AS), which is available from NTIS. In addition, the study findings, which were presented at the November 1986 meeting of the Gerontological Society of American, were summarized in the "News Closeup" sections of the September and October 1986 issues of *Geriatrics.*

"Patterns of Medical Care Utilization" (Muller).—This study found no statistically significant difference between workers and retirees in the decision to seek medical care and in the number of visits with *one* exception. Retirement does not increase the demand for medical care when compared with working part-time or working full-time for others. However, the results show that full-time year-around *self-employment* does constrain the demand for medical care.

"Massachusetts Health Care Panel Study: Successive Cohort" (Colten).—To interview and gather data on a recently identified probability sample of 374 elders 66 years of age or older, for comparison with an earlier cohort whose survivors are all now over 75 years old. Information provided by successive cohorts will enable analyses of cohort effects and period effects which cannot be examined with the original cohort only.

Completed projects for which we expect final reports shortly:

"Consistently High and Low Elderly Users of Medical Care" (Freeborn).—To identify the health, social, economic, and lifestyle factors in elderly patients which differentiate consistently high users of ambulatory care services from those who use them infrequently.

"Failure to Thrive Aged in the Nursing Home" (Braun).—To investigate the phenomenon of "failure to thrive" aged in the nursing home. The study is to be exploratory in nature and may begin to identify variables related to failure to thrive and thus serve as an hypothesis generating purpose for future study.

"Functional Markers of Predeath" (Branch).—To develop hypotheses about functional markers of predeath that might warrant further retrospective secondary analyses of the Massachusetts Health Care Panel Study data; or which might warrant a closely monitored prospective study of those at highest risk of dying within 2 years.

"Outcomes of Nursing Home Discharges" (Lewis).—To trace and analyze the paths of care and ultimate outcome of patients discharged alive from nursing homes. To the extent that this project is able to provide good information about outcomes of nursing home patients and episodes of institutional care, it could contribute significantly to long-term care policy development.

Projects on-going in fiscal year 1987 include:

"Risk of Physical Functional Change in Nursing Homes" (Spector).—To improve the understanding of the risk factors for physical functional change and discharge status for nursing home patients. A better understanding of what nursing homes are producing in terms of resident outcomes, and a better understanding of how deterioration may be reduced, will provide a basis to both reduce the cost of caring for the elderly and assure that quality care is being provided.

"Computer-Based System for Long-Term Care and Research" (Zielstorff).—To evaluate the role of an automated record of ambulatory medical care in improving the services provided to elderly patients in neighborhood health centers.

"Study of Chain Nursing Home Costs, Case-Mix and Staffing" (Holahan).—To examine the differences between chain and independent nursing homes with regard to costs, staffing, access, and patient mix, and to assess the economic and health effects of corporate involvement in the nursing home industry before and after implementation of a prospective payment system.

"Case Mix Systems for Comprehensive Long Term Care" (Arling).—This National Research Service Award is primarily directed to secondary analysis of a data set previously collected to investigate a case-mix system for comprehensive long term care. The project will further strengthen the research skills of the Fellow with emphasis on modeling, simulation, decision analysis, measurements, and computer applications.

"The Use of Medical Services and the Decision to Retire" (Muller).—To examine data from a Retirement History Survey to determine the extent to which self-assessed poor health status contributes to the decision to retire early.

New starts in fiscal year 1987 include:

"Effects of Advance Directives on Medical Care" (Schneiderman).—To evaluate by means of a randomized controlled experiment the extent to which patient directives, such as living wills, affect patients' satisfaction, health status, and the costs of care.

"Impact of Hospital Discharge Planning on Patient Outcomes" (Steinwachs).—To determine whether planning for follow-up care before they leave the hospital can help patients aged 60 and older achieve better levels of functioning..

"Factors in Effective Discharge Planning" (Proctor).—To describe factors associated with patients, diseases, families, and destinations which characterize effective planning for hospital discharge on a stratified sample of 210 elderly patients.

OFFICE OF HEALTH TECHNOLOGY ASSESSMENT (OHTA)

OHTA is responsible for providing technical and scientific advice and coverage policy recommendations to federally financed health programs. Prior to the initiation of an agreement with the Office of Civilian Health and Medical Programs of the Uniformed Services (OCHAPMUS) in December 1986, the Health Care Financing Administration (HCFA) was the sole recipient of OHTA's recommendations. In making coverage recommendations for Medicare and OCHAMPUS, OHTA supports HCFA and Department of Defense in providing clinically effective health care for many citizens in our Nation's aging population.

During fiscal year 1987, several assessment reports were forwarded to HCFA on a variety of subjects. These included assessments on techniques used in the diagnosis and treatment of osteoporosis (Single Photon Absorptiometry for Measuring Bone Mineral Density and Dual Photon Absorptiometry for Measuring Bone Mineral Density), an alternative treatment to dialysis for patients with renal failure (Hemoperfusion in conjunction with desferoxamine for the treatment of Aluminum Toxicity and Iron Overload in patient with End-Stage Renal Disease), a treatment for upper gastrointestinal bleeding (endoscopic electrocoagulation), and a treatment for reflux esophagitis (Angelchik anti-gastroesophageal reflux prosthesis).

Assessments recently completed also affect the care of aging Americans. These include:

—Transurethral Ureteroscopic Lithotripsy
—Endoscopic Photocoagulation for the treatment of Upper Gastrointestinal Bleeding
—Radiographic Absorptiometry for Measuring Bone Mineral Density
—Cardiointegram as an alternative to stress test or Thallium stress test

Work in progress at OHTA covers a wide range of technologies which will have major impact on the delivery of health care to aging patients. Topics actively under assessment include:

—Transillumination Light Scanning for the Detection of Diseases of the Breast
—Cardiac Catheterization when performed in a Free-standing Setting
—Chemical Aversion Therapy for the Treatment of Alcoholism (An assessment conducted for both OCHAMPUS and HCFA)
—Thermography for indications other than breast lesions
—Real Time Cardiac Monitors
—Cardiac Rehabilitation Program Services
—Extracranial-Intracranial Artery Bypass Surgery in the treatment of strokes

—Cardiokymography
—Carotid Endarterectomy
—Intermittent Positive Pressure Breathing
—Adult Liver Transplantation
—Diagnostic Tests and Treatments for Impotence
—Drug Delivery Systems (internal and external pumps)
—Use of Gating Devices and Surface Coils in conjunction with Magnetic Resonance Imaging (MRI) Procedures
—Reassessment of Autologous Bone Marrow Transplantation (ABMT)

In addition to serving as an information source on medical technologies which are entering practice or currently in practice, OHTA maintains contact with extra-renal solid organ transplant programs throughout the country in order to study the diffusion of transplantation technology. These data have been valuable in assisting OHTA to advise HCFA regarding transplantation of hearts, livers and pancreata.

OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION

The Office of Disease Prevention and Health Promotion (ODPHP) was established by Public Law 94-317, the National Consumer Health Information and Health Promotion Act of 1976, and functions under the provisions of Title XVII of the Public Health Service Act, as amended. Located within the Office of the Assistant Secretary for Health, at the U.S. Department of Health and Human Services (DHHS), the mission of ODPHP is to help promote health and prevent disease among Americans. The Office undertakes this mandate by developing prevention policy; coordinating and facilitating the prevention activities of the five principal agencies of the PHS; and helping to stimulate and foster the involvement of non-Federal groups in disease prevention and health promotion activities.

At the turn of the century, infectious diseases were the leading killers. Now, nearly half of all diseases and premature deaths can be traced to lifestyle factors such as smoking, improper diet, and lack of exercise. Identifying which behaviors, practices, and habits enhance or threaten health, and encouraging the adoption of healthy behaviors, carries great potential for preventing disease and disability in all age groups, including the elderly.

Between 1950 and 1985 (provisional data), there was an 18 percent drop in the age-adjusted mortality rate for older adults. Much of this decrease is a result of the decline in death rates for two of the three leading causes of death for this age group—a 50 percent decline between 1950 and 1985 for stroke, and a 24 percent decline for diseases of the heart. In 1950, diseases of the heart accounted for 45.6 percent of the deaths of older Americans; in 1985, the percentage was 42.5. Stroke in 1950 accounted for 14.7 percent of older adult deaths; in 1985, the percentage was 9. Cancer has increased from 13.7 percent of deaths for this age group in 1950 to 20.2 percent in 1985. Cancer death rates have steadily increased since 1950, in part reflecting an increase in lung cancer among women, which in turn is associated with the increased prevalence of cigarette smoking among women.

The leading chronic health problems afflicting older adults—arthritis, hypertension, hearing loss, visual loss, and heart problems—also are conditions with the potential, in many cases, to respond to exercise, healthy diet, and early care.

Improving the quality of life for older Americans is a major goal of prevention programs that target the 65 and older population. ODPHP activities which address health promotion and disease prevention for older adults are as follows.

Health Promotion

HEALTHY OLDER PEOPLE

Healthy Older People is a national public education program on health promotion for people aged 55 and over. Begun in 1984 by ODPHP, the program was designed with a twofold objective: To educate older adults and to stimulate the growth of health promotion programs at State and local levels. Over the past 3 years:

—a variety of broadcast and print materials have been produced urging older adults to improve their health by eating right, exercising regularly, using medicines safely, giving up smoking, preventing injuries, and getting regular health checkups;
—these media and consumer information materials have been widely disseminated through a nationwide network of health and aging organizations which was created to implement Healthy Older People; and
—the active support has been gained of a broad range of public and private sector health care and aging agencies, voluntary professional organizations, and corpo-

rations at the national, State, and local levels in promoting the program's health messages to older adults.

In fiscal year 1988, ODPHP will continue to provide leadership and direction in developing new program resources and facilitating the exchange of information and ideas. A consumer "skill sheet" on the sixth topic area of the program—the regular use of preventive services—was developed and released this year. An evaluation of the program has been conducted and will be released in early 1988. Preliminary data shows that the program's public service announcements were broadcast in 42 media markets a total of 4,376 times at an estimated value of $2,818,382 in free air time. In addition, a toll-free telephone line is being maintained through ODPHP's National Health Information Center to respond to requests for Healthy Older People materials and inquiries about health promotion programs for this age group.

Much of the future activity, however, will derive from State and local government and the private sector. The American Association of Retired Persons, for example, is providing major funding for the publication of the Healthy Older People *Program Memo,* a newsletter aimed at local program directors. Private sector support also will help publish a manual on organizing walking events for older adults which ODPHP is developing.

NATIONAL HEALTH PROMOTION PROGRAM

ODPHP awards cooperative agreements to national voluntary and professional organizations for health promotion programs to help generate support for disease prevention initiatives from large constituencies throughout the country. To promote health promotion in the older population, ODPHP has a cooperative agreement with the National Council on the Aging (NCOA) for the establishment of the National Center on Health Promotion and Aging at NCOA.

PREVENTION POLICY

HEALTH OBJECTIVES FOR AN AGING NATION

ODPHP is responsible for monitoring progress toward meeting the 226 disease prevention and health promotion objectives for the year 1990, adopted in 1980, and establishing a new set of objectives for the year 2000. A series of hearings will be held around the country in late 1987 and early 1988 in order to build a broad consensus within the Public Health Service, among State and local health officials, and in the wider health care community about the priority prevention issues which need to be addressed over the next decade. Scheduled in conjunction with a Surgeon General's Workshop on Health Promotion and Aging, one of the hearings will focus specifically on setting objectives for an aging Nation. Witnesses representing older Americans and service providers, along with health and aging experts, will be asked to address how to maintain health and improve the quality of life in older people through physical fitness, nutrition, mental health, and social support strategies and chronic and infectious disease prevention.

AGE-SPECIFIC RECOMMENDATIONS FOR PREVENTIVE SERVICE

The U.S. Preventive Services Task Force, another activity coordinated by ODPHP, is charged with developing a standard set of recommendations for age- and sex-specific clinical preventive services. The recommendations from the group of 20 non-Federal experts in preventive medicine and allied professionals are being released serially in late 1987 and early 1988 in *The New England Journal of Medicine.*

ITEM 7. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

DECEMBER 11, 1987.

DEAR MR. CHAIRMAN: Thank you for your letter of September 14, 1987, requesting that the U.S. Department of Housing and Urban Development prepare an annual report on our programs and policies affecting elderly Americans.

The Department is again pleased to report on the wide range of programs which benefit the elderly.

Very sincerely yours,

SAMUEL R. PIERCE, JR.

Enclosures.

U.S. HOUSING FOR THE ELDERLY—FISCAL YEAR 1987

The Department of Housing and Urban Development's (HUD) efforts to serve the elderly are characterized by our concern to maintain and focus housing and services while achieving necessary budget savings. Under the leadership of Secretary Samuel R. Pierce, Jr., HUD has acted to assert administrative responsiveness and direction to ensure housing production, to provide opportunities for necessary auxiliary services, to assist the elderly it serves, and to pursue extensive research aimed at improving the quality of life of aging Americans.

The Department has entered the current period of Federal fiscal restraint confident that programs for the elderly will provide the flexibility and level of support necessary to meet their housing needs. The coordination of services for the elderly has been given a high priority by being located in the Office of the Secretary under the direct supervision of the Deputy Under Secretary for Intergovernmental Relations. Programs of direct loans and loan guarantees to provide adequate production of housing for the elderly are being maintained, and various offices of HUD are exploring methods of better servicing the elderly we house. HUD also encourages the use of community development funds to assist the elderly.

I. INTERGOVERNMENTAL RELATIONS

In March 1981, Secretary Pierce established the Office of the Deputy Under Secretary for Intergovernmental Relations as a new office within the Office of the Secretary. The Office's Special Advisor for Elderly Programs is responsible for maintaining contact with public interest groups representing the elderly and for responding to their concerns regarding Departmental programs; working with other Federal agencies, the White House, and HUD program offices to ensure specific attention is paid to the elderly population's concerns; and for handling casework problems involving the elderly. The Office works closely with the Administration on Aging (AoA), the Federal Council on Aging (FCA), and over 750 State and local agencies to better coordinate housing initiatives for the elderly. For example, in cooperation with the AoA and the FCA, home equity conversion counseling program has become an eligible activity within HUD' housing counseling program. The office conducted its own inquiry of home equity conversion mechanisms facilitated by State government legislation and compiled the findings which is also available to the public.

The Office has also issued 10,000 copies of the Elderly News Update, and a housing information report on activities and programs pertaining to the elderly.

The Office was instrumental in the development of the "Forum on Elderly Housing Options" co-sponsored by the U.S. House of Representatives Select Committee on Aging and the Federal Council on Aging. HUD's Special Advisor for Elderly Issues facilitated and moderated the panelists' discussions of "Future Housing Trends and Private Sector Initiatives," which included experts in architecture, zoning and codes, building technology and development.

In cooperation with the U.S. Conference of Mayors, the Office conducted a conference on adaptive reuse of existing structures for elderly housing. The Washington, D.C. conference took place in spring 1987. In September 1987, over 89 editors of magazines representing elderly constituencies attended another conference in which the Office discussed housing concerns of the elderly.

Moreover, the Office assisted national, State, and local aging organizations to better understand the Department's new regulations on such issues as pets, mandatory meals, and board and care services. The Office of Intergovernmental Relations continues to review the housing activities of State and local governments, the public and private sector, and elderly groups in order to better serve elderly Americans.

II. HOUSING

A. SECTION 202—DIRECT LOANS FOR HOUSING FOR THE ELDERLY OR HANDICAPPED

The Administration recognized the special needs of the elderly and disabled and continues its strong commitment to assist them. Therefore, even though the Department emphasizes reliance on existing housing stock in its other assistance programs, HUD funded 12,550 Section 202 units in fiscal year 1987.

Section 202 was first enacted as part of the Housing Act of 1959 to provide direct long-term Federal loans for the construction or substantial rehabilitation of housing and related facilities for the elderly or disabled. The program was intended to serve persons whose income was above public housing eligibility levels, but still insufficient to obtain adequate housing in the private market. The Housing and Community Development Act of 1974 amended the program to permit the use of Section 8 housing assistance payments for eligible lower-income persons who live in projects financed under the program. These payments make up the difference between what the tenant is required to pay for rent required for the unit.

In fiscal year 1983, loans were made available for the purchase of existing structures without rehabilitations or with only moderate rehabilitation, in order to provide group homes for physically handicapped, developmentally disabled, or chronically mentally ill adults.

In fiscal year 1987, the interest rate for Section 202 loans was 9.25 percent. It will be 9 percent for fiscal year 1988.

From reactivation of the Section 202 program in fiscal year 1974 through fiscal year 1987, approximately $8.9 billion has been reserved, representing almost 3,997 projects and nearly 199,044 units. Because of the Department's outreach efforts to help minority Americans, minority sponsors were awarded over 22 percent of fiscal year 1987.

B. SECTION 231—MORTGAGE INSURANCE FOR HOUSING FOR THE ELDERLY

Section 231 of the National Housing Act authorized HUD to ensure lenders against losses on mortgages used for construction or rehabilitation of rental accommodations for persons aged 62 years or older, married or single.

Section 231 is designed solely for unsubsidized rental housing for the elderly. Nonprofit as well as profit-motivated sponsors are eligible under the program. Section 231 also permits the construction of congregate housing projects. At the end of fiscal year 1987, 499 projects, providing 66,282 units for elderly families, had been insured under the program. Total insurance written was $1.2 billion.

C. SECTIONS 221(d) (3) AND (4)—MORTGAGE INSURANCE PROGRAM FOR MULTIFAMILY HOUSING

Sections 221(d) (3) and (4) authorizes the Department to provide insurance to finance the construction or rehabilitation of rental or cooperative structures. Special projects for the elderly can be provided under these programs, and may include features such as congregate facilities. While these programs are not solely for the elderly, they are available to nonprofit and profit-motivated mortgagors as alternatives to the Section 231 program. Mortgages also may be processed and coinsured by approved coinsuring lenders.

HUD also makes mortgage insurance available under Section 221(d)(4) for Retirement Service Centers, which are market-rate residential rental projects for elderly tenants. The projects provide meals served in central dining facilities and services such as housekeeping and laundry. Cumulatively, 78 projects with 11,080 units, are completed or under construction, for a total of $581.2 million. Sixty-one more projects are being processed.

From the beginning of the programs through fiscal year 1987, 10,850 projects containing 1,170,038 units, were insured, for a total of $28.5 billion. Residents in 466,509 of the units were receiving Section 8 rental assistance. Approximately one-third of the units have elderly occupants.

D. SECTION 223(f)—MORTGAGE INSURANCE FOR THE ACQUISITION OR REFINANCING OF EXISTING MULTIFAMILY HOUSING PROJECTS

This program offers mortgage insurance for existing facilities, including cooperatives and rental housing for the elderly, where repair needs do not warrant substantial rehabilitation. The program can be used either in connection with the purchase of a project or for refinancing only.

Mortgages under this program can be processed and coinsured by approved coinsuring lenders.

E. SECTION 232—MORTGAGE INSURANCE FOR NURSING HOMES, INTERMEDIATE CARE FACILITIES, AND BOARD AND CARE HOMES

The primary objective of the Section 232 program is to assist and promote the construction and rehabilitation of nursing home and intermediate care facilities. The vast majority of the residents of such facilities are elderly. Since the beginning of the program in 1959 through September 1987, the Department has insured 1,579 facilities, providing 188,604 beds, for a total of $3 billion. In fiscal year 1987, 41 projects, with 5,714 beds, where insured for a total of $210.8 million.

The Housing and Urban-Rural Recovery Act (HURRA) of 1983 established a Board and Care Home program for the elderly as part of Section 232. The new program permits units with shared bedroom and bath facilities and central kitchens.

The facilities provide continuous protective oversight of the residents. There is no medical component and no Federal requirement for a certificate of need. Board and Care Homes must meet State and local licensing and occupancy requirements. Seventeen Board and Care Homes, with 1,763 units, are completed or under construction, for a total of $57.9 million. An additional 72 projects are in processing.

F. SECTION 242—MORTGAGE INSURANCE FOR HOSPITALS

Under Section 242 of the National Housing Act, the Department insures mortgages to finance the construction or rehabilitation of non-profit and proprietary hospitals, including major moveable equipment. The HURRA of 1983 expanded the coverage of this section to include public hospitals. The Department is now in the process of developing a final rule to complete implementation of the legislation.

From the inception of the program through fiscal year 1987, the Department has insured 247 hospitals, providing 68,108 beds, for a total of $6.1 billion. In fiscal year 1987, 8 hospitals, with 3,086 beds, were insured for a total of $624.2 million.

G. SECTION 8 RENTAL ASSISTANCE AND HOUSING VOUCHERS

Section 8 of the United States Housing Act of 1937 authorizes housing assistance payments to aid lower-income families in renting decent, safe, and sanitary housing. Section 8 provides rental assistance for families in a variety of housing types, including new construction, substantial and moderate rehabilitation, and existing housing. Under the programs, assisted families generally pay 30 percent of adjusted income toward rent and HUD pays the difference between that and the fair market rent for an adequate housing unit. As of September 30, 1987, approximately 47.9 percent were occupied by elderly persons.

The Section 8 Existing Housing Certificate program has proved particularly helpful to elderly families, because many of them are eligible to receive assistance while remaining "in place" within a dwelling unit which meets HUD's housing quality standards. As of September 1987, more than 874,345 families were participating in the "Finders-Keepers" Certificate program.

Housing Vouchers, which also enable families to receive assistance without moving, are believed to be even more beneficial to elderly persons because of the additional flexibility offered by the absence of rent ceilings. In fiscal year 1986, funds were reserved for 36,257 vouchers; 48,917 vouchers are preliminarily reserved for fiscal year 1987.

Authorization is provided also for shared housing arrangements under Section 8 programs. On June 11, 1986, HUD published a final rule implementing this option for the Existing Housing Certificate program. The Department is now drafting a rule for Shared Housing under the Moderate Rehabilitation program. One shared housing arrangement of particular interest to elderly families permits homeowners to rent space in their homes to tenants who receive rental assistance. Such arrangements may facilitate reduced housing costs, companionship, and security for the elderly.

Single Room Occupancy (SRO) housing is another option which some localities may find especially beneficial for certain segments of the elderly population. SRO's are eligible for assistance under the Section 8 Moderate Rehabilitation program. Existing Housing Certificate and the Housing Voucher programs.

H. CONGREGATE HOUSING SERVICES PROGRAM

The Congregate Housing Services Program was designed to demonstrate the cost-effectiveness of providing supportive services for the elderly and handicapped under HUD auspices to prevent or delay unnecessary institutionalization. Under this program, HUD extends multi-year grants (3 to 5 years) to eligible public housing agencies and nonprofit Section 202 sponsors for meals and other support services for frail elderly and non-elderly handicapped residents. As of September 30, 1987, 30.3 million had been obligated to grantees.

Sixty-one grantees are in operation, serving approximately 2,000 residents on a regular basis. About 150 residents were served last year on a short-term, temporary basis, usually after incapacitation or hospitalization. Congress appropriated $3.4 million for fiscal year 1987. These funds are being used to extend 60 grants for at least an additional 11 months from current expiration dates. The renewals will be processed in fiscal year 1988 consistent with each grantee's current expiration date.

I. MANUFACTURED HOME PARKS

At the request of the Administration, the HURRA of 1983 amended Section 207 of the National Housing Act to permit mortgage insurance for manufactured home parks exclusively for the elderly. The program has been operational since the March 1984 publication of a final rule implementing the legislation.

J. MINIMUM AGE COVENANTS ("RETIREMENT VILLAGES")

As a result of a White House initiative, FHA single-family mortgage insurance is available for retirement villages for exclusive occupancy by the elderly. HUD can insure mortgages on properties in subdivisions and planned communities which restrict ownership to those above a certain age, and which restrict the occupancy and the duration of visits by children.

III. Public and Indian Housing

A. PUBLIC HOUSING

Approximately 537,000 public housing dwellings (44 percent of the total program inventory nationally) are occupied by the elderly. Many of the dwellings are in buildings designated for exclusive occupancy by the elderly and handicapped.

The Public Housing Program is the Nation's oldest and largest housing program for lower-income people, established under the U.S. Housing Act of 1937. It is an essentially local program, based on a partnership between the local community and the Federal Government. Each community, through its Public Housing Agency (PHA) in cooperation with the local governing body, takes primary responsibility for providing housing to lower-income people, with financial assistance from the Federal Government. Projects are developed, maintained, and operated by approximately 3,000 PHA's. Projects are developed, maintained, and operated by approximately 3,000 PHA's in communities throughout the country, ranging from the largest cities and suburbs to small towns and rural areas. Public housing, which is owned by the PHA (or in a relatively few instances leased), is distinct from the Section 8 housing assistance payment programs also administered by many PHA's.

In the Public Housing Program, the Federal Government—through the local PHA—pays for development costs and provides operating subsidies to ensure that low rents and adequate services are available. In addition, modernization funds are provided to PHA's to enable them to rehabilitate older projects. As a condition for this assistance, the PHA agrees to use and maintain the property as decent, safe, and sanitary housing for eligible lower-income people, consistent with the requirements of Federal law and regulations. Rents, including utilities, have been set by Congress at 30 percent of adjusted tenant income. In calculating adjusted income, some special deductions are made in the case of the elderly.

In many public housing projects, special facilities and services are provided to meet the needs of the elderly, such as safety and security features, meals and transportation services, and recreational programs. These special services are usually provided by other agencies that rely on funding from Federal, State, and private sources, with the PHA supplying the facilities and acting as the local coordinator.

In general, these projects have been very successful in meeting the needs of their elderly and handicapped residents. Standards of design and maintenance have been high, along with the resident satisfaction. PHA's report that elderly residents are excellent tenants and citizens, who take pride in their homes and play important roles in management and service programs.

Development of new public housing is no longer the principal vehicle for producing additional dwellings for the lower income elderly under Federal housing programs. Other programs—such as the Section 202 program and Section 8 certificates and vouchers—now account for the bulk of the units added in recent years. With regard to public housing, amendments enacted by the Congress in 1983 and 1984 require that the Department give priority in approving new applications to projects for families requiring three or more bedrooms. The primary emphasis with regard to public housing for the elderly has become preservation, maintenance, and rehabilitation of the existing housing stock.

B. INDIAN HOUSING

The Department provides housing assistance for American Indians and Alaskan Natives, including elderly individuals and families with elders in the household, under the U.S. Housing Act of 1937. Indian Housing Authorities (IHA's) operate rental and homeownership opportunity programs primarily on Indian land. As of

September 30, 1987, there were about 170 IHA's operating more than 60,000 dwelling units, of which about 4,000 specifically designated units house the elderly. Recent occupancy surveys indicate that more than 20 percent of all the units under IHA management include one or more elderly resident.

Nearly all of the units under the Indian housing programs are free-standing, single-family houses, and more than 60 percent are under lease-purchase contracts. Many are built on land assigned or allocated to the resident families. For these reasons, IHA clients tend to remain residents for long periods of time.

IV. Community Planning and Development

A. COMMUNITY DEVELOPMENT BLOCK GRANT ENTITLEMENT PROGRAM

The Community Development Block Grant (CDBG) Entitlement program is HUD's major source of funds available to large cities and urban counties to conduct a wide range of community development activities designated to help low and moderate income households, eliminate slums and blight, or meet other urgent community development needs. The CDBG program made approximately $3 billion available to States and communities in 1986. Approximately $2.1 billion of this sum went to 711 metropolitan cities and 116 urban counties by entitlement, with individual amounts determined by formula. States distributed the balance, approximately $1 billion, to small cities with a population of under 50,000.

Entitlement communities' elderly residents benefits directly and indirectly from many CDBG funded projects. Because of the decentralized nature of the CDBG program, and the fact that local communities are not required to report program beneficiaries by age, it is extremely difficult to estimate the exact total of CDBG funds that directly address the needs of the elderly. However, available data indicates more than $11.8 million was budgeted by Entitlement communities in fiscal year 1986 to assist senior centers. Metropolitan cities planned to use $6.2 million for this purpose, and urban counties, $5.6 million. Another major source of elderly benefits from CDBG funding is housing rehabilitation, which accounted for approximately 35.2 percent of all Entitlement funding. A large portion of the $859.2 million budgeted from these activities by Entitlement communities in fiscal year 1986 benefited the elderly. CDBG funds are used by many communities to make home improvement loans and provide weatherization services for elderly homeowners and renters.

Significant amounts of CDBG Entitlement spending for neighborhood improvements, public services, and other public works, directly and indirectly benefit the elderly. CDBG Entitlement grantees allocated about $30.7 million for improvements to and operation of neighborhood facilities, $13.5 million for the removal of architectural barriers, $2.6 million for centers for the disabled, and $104.5 million for other public facilities. While it is not possible to estimate the total CDBG benefits to the elderly from these types of projects, it is evident that these activities provided significant benefits.

The following specific examples illustrate how the CDBG Entitlement program is used to provide a wide range of benefits and services to the elderly:

> Middlesex County, NJ, used $278,000 of its CDBG grant to assist three senior centers and three housing projects. The North Brunswick and Milltown senior centers were expanded, and a vacant floor of a municipal building in Monroe was remodeled into a senior center and nutrition site. Engineering and architectural work was completed for over 228 new units of elderly housing for Plainsboro, South Plainfield, and South River residents.
>
> Miami, FL, used $484,000 to assist more than 1,200 elderly residents through in-house maintenance, health care, nutrition, counseling, recreational, educational, and transportation services.
>
> New Haven, CT, used $70,000 to assist the elderly with recreation, socialization, health, educational, counseling, cultural enrichment, and transportation programs.
>
> Seattle, WA used $862,000 to provide services to low income elderly, including meals, case management assistance, counseling, and health services. Educational and recreational activities for the elderly were provided at 5 senior centers and hot lunches were served at 11 sites in low income neighborhoods throughout the city.
>
> St. Louis, MO used $706,000 to assist low income elderly residents through nutritional, adult day care, transportation, minor home repair and maintenance services, and safety and security improvements to senior and disabled homeowners. Baltimore, MD used $179,000 to assist the elderly achieve and maintain

self-sufficiency by providing programs to reduce or prevent inappropriate or unnecessary institutionalization.

B. CDBG STATE AND SMALL CITIES PROGRAM

The State Community Development Block Grant and HUD administered Small Cities programs are HUD's principal vehicles for assisting communities under 50,000 population that are not central cities. From its inception in fiscal year 1975 until fiscal year 1982, the CDBG Small Cities program was administered exclusively by HUD, and more than $4.3 billion was awarded through competitions managed by HUD Field Offices. At the Administration's request, Congress changed the administrative structure of the CDBG Small Cities program in the Omnibus Budget Reconciliation Act of 1981.

Beginning in fiscal year 1982, States were offered the option of administering the program for communities that did not receive CDBG Entitlement grants, and most States and Puerto Rico have assumed this responsibility and now determine how and where to award CDBG Small Cities funds within their jurisdictions. In fiscal year 1986, only three States, New York, Maryland, and Hawaii, remained in the HUD administered Small Cities program.

States and small cities can use the CDBG funds to undertake a broad range of activities and may structure their competitions to give priority to eligible activities that they wish to emphasize. With the exception of few States that allocate some of their funds to cities by formula or through regional organizations, most States distribute funds through competitions among their small communities.

As in the CDBG Entitlement program, States are not required to report to HUD the ages of individuals who benefit from their recipients' activities. Consequently, the level of benefits to the elderly cannot be estimated with certainty. However, based on 47 State reports for fiscal year 1986, a substantial portion of State CDBG funds—37 percent—was allocated to activities that benefit elderly persons either directly or indirectly. The largest share of those funds approximately $68.2 million or 29 percent of the $239.6 million for which information is available was allocated to housing-related activities such as the rehabilitation of private properties and public housing modernization. In addition to the housing-related activities, approximately $22 million or 10 percent of the State and Small Cities CDBG funds went to public facilities and public service projects such as support for senior centers, neighborhood facilities, centers for the disabled, and removal of architectural barriers.

The following examples illustrate the types of projects directly benefiting elderly persons that were funded in fiscal year 1986 by State program recipients:

> Mississippi awarded Walthall County $243,000 to construct a building to house welfare and food stamp offices that are accessible to the elderly. Polksville, MS, received a $74,000 award to rehabilitate a community center where meals and health services are provided for the elderly. Oakland, MS received a $607,000 grant to acquire 25 houses, relocate 23 elderly families into a Section 202 elderly housing project, and provide water and sewer improvements.
>
> Arizona awarded $25,000 of Fiscal Year 1986 funds to Apache County, to renovate a senior center. Arizona also awarded Globe City $36,000 to renovate a senior center. Mohave County received $117,000 to renovate two senior centers. Parker Town received $84,000 to build a new senior center.

C. URBAN DEVELOPMENT ACTION GRANT (UDAG) PROGRAM

Each fiscal year, Urban Development Action Grants are awarded to cities and counties to enhance local economic development activities and create permanent jobs, especially for low and moderate income persons. Minimum selection standards of physical economic distress must be met by these communities. Under the 1979 "Pockets of Poverty" legislation, a locality can qualify if there are substantial numbers of low income persons living in well defined geographically small areas. The UDAG program's national competition gives consideration to community distress factors, private funds leveraged, number of jobs created, and the extent of local economic conditions.

In fiscal year 1987, a total of 189 action grant projects received approval for a sum of $325 million. Since its onset, the UDAG program has benefitted the elderly, directly or indirectly, by providing funds to assist communities in the development of health care services, adult day care and recreation centers, downtown and suburban shopping centers and other public facilities. Since 1978, over half of the States and Puerto Rico have been awarded 101 Action Grant projects that directly assist the elderly. Fiscal year 1987 UDAG projects that benefit elderly persons include:

—Los Angeles, CA, funds will assist the development of a mixed use facility in the Chinatown area that includes a 240 bed Congregate Care Center and a 238 unit Senior Independent Living Complex with parking facilities.

—In Athens, GA, a nonprofit organization, the Athens Neighborhood Health Center, will construct a 5,887 square foot facility with 10 examining rooms that will service elderly residents and those who cannot afford private physicians.

D. RENTAL REHABILITATION PROGRAM

The Rental Rehabilitation program was authorized by Section 17 of the Housing and Urban Rural Recovery Act of 1983 and provides grants to States, cities with populations of 50,000 or more, urban counties, and approved consortia of units of general local government. These grants are used to finance the rehabilitation of privately owned rental housing in order to help ensure that an adequate supply of standard housing is affordable to lower income tenants. In addition, rental assistance is provided to very low income and displaced lower persons to help them afford the increased rent of rehabilitated units or to more to other housing. This assistance is made available through special allocations of Housing Vouchers and Section 8 Existing Housing Certificates to local Public Housing Authorities.

In fiscal year 1987, Congress made $200 million available for Rental Rehabilitation program grants, and HUD allocated approximately 10,000 Section 8 Existing Housing Vouchers for rental assistance for lower income tenants.

Although the Rental Rehabilitation program is relatively new, the number of completed units has increased dramatically in the past 2 years. As of July 31, 1987, commitments had been issued for 15,459 projects containing 80,152 units, and in 9,437 projects with 32,857 units all the rehabilitation construction work had been completed. Elderly tenants account for approximately 11 percent of the occupied units in these buildings.

E. SECTION 312 REHABILITATION PROGRAM

Through the Section 312 Housing Rehabilitation Loan program, HUD makes loans for the rehabilitation of single family and multifamily residential, mixed use, and nonresidential properties. These funds are derived from loan repayments, the recovery of prior year commitments, and unobligated balances from prior years. To be eligible for assistance, properties must be located in urban areas designated as eligible areas for the Community Development Block Grant program or the proposed rehabilitation must be necessary or appropriate to the execution of an approved CDBG program. Communities must also give priority for loans to low and moderate income owner occupants whose incomes are at or below 80 percent of the median income for that metropolitan area.

In fiscal year 1986, 1,180 Section 312 loans, totaling $40.4 million, were made in 201 communities. The majority of these ($35.4 million) were used to make 1,164 single family loans for the rehabilitation of 1,292 units. Sixteen loans, totaling $5 million, were made for the rehabilitation of 268 units in multifamily, nonresidential, or mixed-use buildings. Although comprehensive data on the ages of borrowers are not currently collected, past experience indicates more than 25 percent of Section 312 single family loan recipients were 60 years of age or older.

V. Policy Development and Research

A. HUD–HHS SERVICE INTEGRATION PROJECT

This project involves coordination and integrating the delivery of housing and other services for the frail elderly at two demonstration sites—a rural retirement community and an urban county. Operated by the State of Florida's Department of Health and Rehabilitative Services, the project's goals are to prolong the self-sufficiency of the elderly, improve the quality of their last years, and produce a more efficient, accessible and cost effective service delivery system. These goals are being achieved by implementing changes in three areas: (1) case management—fostering a cross-agency network approach and targeting high-risk and underserved clients; (2) service delivery system—implementing a community-based administrative system; and (3) administrative barriers to service delivery—identifying and removing existing barriers created by policies which require duplication of effort or are no longer efficient.

During Phase I of the project, barriers such as fragmented administrative systems and unequal access to services due to overlapping and contradictory Federal and State regulations and requirements were identified and some were eliminated.

During Phase II, a service integration model was developed to address some of the remaining barriers and to make delivery of services to the frail elderly more efficient and effective.

B. ADAPTABLE HOUSING MANUAL

A project, initiated in late fiscal year 1986, to develop a manual on adaptable housing has been completed and will be available by December 1987. The manual promotes the design and construction of housing in which the basic structure and elements are accessible, in terms of entry and circulation, allowing other features to be added or altered easily to meet the special needs of a resident. While the concept of adaptability emphasizes the needs of persons with disabilities, it has equal application for elderly persons. Elderly persons would benefit from such features as the ability to lower overhead kitchen cabinets or the ability to adjust the height of a kitchen counter to work while sitting. The most important benefit of adaptable housing to elderly persons is that such features would enable persons to remain in their homes as they age. Adaptable features, which would be standard configurations today, could be adapted easily to meet the future needs of a person as their abilities change due to aging, illness, or injury.

C. PROGRAM FOR THE CHRONICALLY MENTALLY ILL

The Program for the Chronically Mentally Ill is an initiative of the Robert Wood Johnson Foundation, HUD, and HHS to support community-wide projects aimed at coordinating and expanding services for the chronically mentally ill, many of whom are elderly. These projects will provide a broad range of health, mental health, social services, and housing options to help the chronically mentally ill function more effectively in their everyday lives and avoid inappropriate institutionalization.

Under the program, the Foundation is providing approximately $28 million in grants and low interest loans to 8 of the Nation's 60 largest urban centers with populations in excess of 250,000. As its part of the program, HUD has provided 1,125 Section 8 Existing Housing certificates worth $77 million to local housing authorities for use by mentally ill clients in housing especially designed for them. The Department of Health and Human Services is participating in an evaluation of the program. The Social Security Administration is working with grantees to improve the efficiency and effectiveness of the disability determination process.

The program is co-sponsored by the National Governor's Association, the U.S. Conference of Mayors, and the National Association of Counties. Because the services required to build a continuum of care for the chronically mentally ill are often under the jurisdiction of different local and State agencies, the three co-sponsors represent the unique perspectives of city, county, and State governments in this national program.

Nine cities were competitively selected to receive awards to participate in the program. These cities from across the country are: Philadelphia, Baltimore, Cincinnati, Columbus, Toledo, Charlotte, Denver, Austin, and Honolulu. Sites will become operational beginning in the fall of 1987. (The State of Ohio is providing captial funding for the ninth city in the demonstration.)

From 3,600–5,400 housing units are expected to be made available for the chronically mentally ill. This includes the housing assistance from HUD, plus additional housing developed by State and local government and the private sector. Because the program also will provide day services for the chronically mentally ill population, the program is expected to serve many more people in the nine cities when it becomes fully operational.

VI. FAIR HOUSING AND EQUAL OPPORTUNITY

HUD's final regulation implementing the Age Discrimination Act (ADA) of 1975 was published in the Federal Register on Wednesday, December 17, 1986, and became effective on April 10, 1987. The final regulation is designed to guide the actions of recipients of financial assistance from HUD. The Act itself prohibits discrimination on the basis of age in HUD programs and activities receiving Federal financial assistance. Currently, HUD has received approximately eight complaints alleging age discrimination in obtaining housing this year. Six of the eight complaints have been forwarded to the Federal Mediation and Conciliation Service (FMCS) for mediation. HUD's Field Offices are investigating the other two.

ITEM 8. DEPARTMENT OF THE INTERIOR

DECEMBER 7, 1987.

DEAR MR. CHAIRMAN: Your letter of September 14, 1987, requesting information for the annual report on Developments in Aging, 1987, was greatly appreciated by Secretary Hodel. He has asked me to submit the report for the Department of the Interior, and to thank you for printing the Department's entire report in the Senate Special Committee on Aging publication in 1986. We are pleased that the 1986 report was distributed to the Congress, State and local governments, professionals, academics, journalists, and interested individuals.

Interior's bureaus and offices have submitted their reports on the Developments in Aging that are from their programming in 1987. Their reports are presented in attachments A–O, and summary highlights from their reports are:

The Department employs one individual 93 years of age, two persons age 91, 15 individuals age 80, and 280 employees in their seventies reported by the Office of Personnel (A); The employment of 59 percent of the workforce over age 40 and 77 percent employees over age 60, service provided to older employees who wish to remain active in the workplace, and a commitment to serve the needs of the elderly for full employment opportunities in the Office of Secretarial Personnel (B); The publication in the Federal Register of Interior's proposed regulation to implement the Age Discrimination Act of 1975 that prohibits discrimination on the basis of age in the Department's Federally-assisted programs and activities, and notifications to the public on the provisions of the Age Discrimination Act and of the right to file complaints of alleged discrimination with the notification program carried out nationwide by recipients of Federal financial assistance reported by the Offices for Equal Opportunity (C);

Also, the dissemination of information on non-discrimination on the basis of age and the legislation that prohibits most private employees from settting a mandatory age, the conduct throughout the year of training programs and forms targeted to supervisors and other employees that include sessions on the employment of the elderly and the distribution of materials from various community groups concerned with the aging, the processing and adjudication of equal employment opportunity complaints on age discrimination affecting employees or applicants 40 or more years old, the use of equal employment opportunity coordinators and counselors to promote fairness in the treatment of age, the review of publications and photo-stories to assure that the aging are considered in communications in the Office of Human Relations (D); The provision of social services and the consideration of the needs of the aging in program planning, and a speech on aging delivered at the annual conference at the National Recreation and Park Association by the Office of Historically Black College and University Programs (E); The establishment of programs and procedures for the elderly by the various territorial governments, and assistance when requested from the governments by the Office of Territorial and International Affairs (F);

Also, the activities of the Special Programs and Populations Branch that was created to monitor and coordinate efforts to improve service to disabled and elderly persons, the development of special focus programs that include day camps for senior citizens, the conduct of special tours and programs for senior citizens, the outreach efforts where park personnel go into convalescent hospitals and nursing homes, increase in the number of Older Citizens Park Services Volunteer in the Parks program, the development of strategies with the American Association of Retired Persons, the Golden Age Passport program that gives a free lifetime entrance permit to national parks and monuments for U.S. citizens age 62 or older, the use of the passport for a 50 percent discount on Federal use fees charged for facilities and services such as camping and boat launching, the issuance of 302,153 Golden Age Passports in 1986, the increase of accessibility at national parks for the elderly by the removal of architectural and other barriers and the providing of accommodations such as hearing and seeing adaptations, the publication of the 1982–83 Nationwide Recreation Survey that includes a chapter on "Aging and Outdoor Recreation" that was extensively used by the President's Commission on Americans Outdoors, an emphasis by the Commission on meeting the needs of a greater diversity of interests and abilities among older Americans in the future of parks and other recreation resources, the provision of financial and technical assistance to the States for the development and implementation of Statewide comprehensive Recreation programs that include the elderly, the two grant programs (Land and Water Conservation Funds and Urban Park and Recreation Recovery Program) that require participating States and communities to examine and meet the recreational needs of senior citizens, and the emloyment of 918 persons age 60 and over which shows that older employees are staying in the workforce longer in the past 10 years reported by the National Park Service (G);

Also, an increase of 16 percent over the last year of the workforce age 60 and above, and the use of a majority of these people in highly technical and scientific positions so that their knowledge and experience is highly valued by the Bureau of Mines (H); The employment this year of a large percentage of people over age 50, training courses for managers and supervisors that encourage them to give support to the intent of the guidelines found in Section 3307 of Title 5 (U.S. Code), special recognition ceremonies and awards for employees with long-time service, 30 percent of employees on Intergovernmental Personnel Act assignments over age 50, inclusion of the aging in publications and photo-stories, and the conduct of bureau progams designed to aid older Americans in the protection of lives and property reported by the Office of Surface Mining (I); Administration of a social services program of financial assistance to eligible Indian individuals and families that include the elderly who reside on or near Indian reservations, the provision of adult custodial care for Indians who are elderly or disabled at home or in institutions, and the conduct of a Housing Improvement Program that involves the repair and renovation of existing housing and the construction of some new homes on Indian reservations and communities that are available for older Indians (J); The encouragement to field offices by headquarters to use senior citizens whenever possible at various organizational levels in a number of locations, contacts between State and District offices with organizations serving senior citizens (American Association of Retired Persons, Green Thumb, and Senior Community Service Employment Program), the use of older citizens in voluntary programs and seasonal employment, the reemployment of retired bureau and Department employees who have an interest and concern for environmental issues, and the use of senior citizens to compenstate for budget reductions and maintain the level of services by voluntary programs in the Bureau of Land Management (K);

Also, a strong and ongoing commitment to utilize the knowledge and scientific expertise of older employees, recruitment outreach efforts aimed at all segments of American society without restriction on age, reemployment of 300 retired annuitants, the utilization of experienced scientists (geologists, hydrologists, geophysicists, cartographers, and a physical scientists), the conduct of ceremonies to honor older employees for meritorious service and special achievements, reliance on experienced employees for a continuous study of Earth's past and the on-going search for its future resources, the use of older workers as mentors for young scientists, the increased reliance on older persons for earth science research as age demographics of the United States continue their rapid change toward a higher percentage of older people, the assurance that qualified older workers are not passed over for promotions or training opportunities in favor of younger workers, the development of creative and flexible approaches to attracting and retaining older workers because they bring important ingredients to the job (patience, dedication, loyalty and maturity), a study by the Senior Employment Resources organization at Reston in Virginia (location of Washington headquarters) shows positive employment factors (productivity, high moral and job motivation, decreased absenteeism, lower trianing and start-up costs, and increased initiative), the employment of 580 employees age 60 or above of which 80 are age 70 or older and seven age 80 or older, the support of retired employee organizations where contact is made with retirees with a mutual interest in earth sciences who provide consultation and attend scientific meetings, the contributions of retirees in educational programs such as drug prevention reported by the U.S. Geological Survey (L);

Also, an increase in the total workforce over age 40 the past year from 47 percent to over 50 percent with 100 employees over age 60 and 26 over age 65, use of older employees in a variety of occupational specialties (computer, engineering, and physical science), the identification of employee training needs of the older worker, the conduct of retirement planning workshops, training for managers and supervisors in a 2-year equal employment opportunity program costing more than $140,000 with an objective to eliminate age discrimination, the implementation of personnel management policies to insure equal opportunity for all applicants and employees, the dependence of older Americans on payments of mineral royalties to various landowners, and the concern for the economic well-being of all citizens by decreasing the Nation's dependence on foreign imports from increasing domestic minerals (oil and gas) production through offshore resources by the Minerals Management Service (M); the employment of older persons in a broad spectrum of occupations and the utilization of reemployed annuitants to fill staffing needs in many program areas, the utilization of advanced level skills and expertise by older employees in the engineering field, the use of retired people as members of boards and commissions and in a variety of professions (technical, scientific and administrative), ceremonies and awards to recognize employees with long service, an awards program to recognize senior citizens for their contributions to the Reclamation program, efforts to make projects and facilities more accessible to disabled and elderly people, and recreational opportunities for senior citizens at many bureau facilities for water-oriented activities (fishing, swimming, boating and camping) by the Bureau of Reclamation (N).

Also, the modification of refuge and other facilities to improve access for the elderly, the use of 131 senior citizens in the Northeast Region as volunteers working at public information desks and maintenance tasks, senior citizens from local communities participated in the celebration of the 50th anniversary of several national wildlife refuges by providing valuable assistance in planning and other activities, the involvement of senior citizens in the preparation of the centennial anniversary of the National Fish Hatchery by searching local newspapers for historical and other tasks, special programs for senior citizens at many refuges such as "open houses" and special celebrations, award ceremonies for senior volunteers in refuge operations (trail maintenance, restroom upkeep, visitors center and facilities operations, and administrative assistance) with the oldest volunteer age 93, annual awards to honor senior citizens with the highest number of volunteer hours such as 13 seniors giving 387 volunteer hours at one refuge, use of vans to transport the elderly to and from refuges and on tours, the conduct by senior volunteers of a census of walrus haulout on a Pacific beach where up to 12,000 were counted in a herd and the documentation of annoyances that could harass the animals off the beach (aircraft, boats and hunters), the development of a Senior Citizens Employment Program that enables the elderly to work in a variety of refuge positions, an open Fish Program for senior citizens at a fishery center, the issuance of Golden Age Passports for the elderly that eliminate or reduce entrance fees to refuges, the encouragement of a communication network among retired employees and volunteers, and the conduct of nationwide self evaluations to assure accessibility to elderly and disabled persons (O).

As in past years, we are again very pleased to forward our report on Developments in Aging, 1987. We hope you find the many programs and activities throughout the Department across the country exciting as we continue to meet the needs and interests of our senior citizens. The activities of the Special Committee on Aging are truly appreciated by Secretary Hodel and the Department, and we are committed to do all we can to assist your Committee. We will be pleased to provide any additional information.

Sincerely,

DR. ANDREW S. ADAMS,
Special Projects Administrator,
Policy, Budget and Administration.

Attachments.

ATTACHMENT A

Memorandum to: Dr. Andy Adams, Special Projects Administrator—PBA.
From: Morris A. Simms, Director of Personnel.
Subject: Report on Developments on Aging, 1987.

This is in response to your memorandum of October 2, 1987, requesting information from the Office of Personnel for inclusion in the Senate Committee on Aging's 1987 Report.

As of September 30, 1987, Departmental statistical profiles indicated that there were 280 individuals who were age 70 or older. Of the 280 persons, 15 individuals were 80 years young. The two employees that are 91 are both Geologists working with the Geological Survey. One employee is 93 years young working full-time as a Park Ranger.

The attached list provides a breakdown of employees 80 years or older, excluding the individuals names. Laws governing the Freedom of Information Act and the Privacy Act, restrict us from providing you with the actual names of employees.

1987 report to the Senate Committee on Aging, employees 70 years or older

[Total number of employees]

Age:	
70	60
71	49
72	35
73	35

74	21
75	24
76	18
77	11
78	10
79	2
80	4
81	1
82	2
83	0
84	1
85	2
86	1
87	1
88	0
89	0
90	0
91	2
92	0
93	1
Total	280

ATTACHMENT B

Memorandum to: Special Projects Coordinator, Office of the Assistant Secretary—Policy, Budget and Administration.
From: Personnel Officer, Office of the Secretary.
Subject: Departmental Report on Developments in Aging, 1987.

This is in response to your memorandum of October 2, 1987, regarding the subject program in fiscal year 1987. Although the Office of the Secretary does not administer any specific programs for the aging, our personnel program is firmly committed to serving the needs of the elderly by providing access for elderly citizens to employment opportunities and by providing services to those older employees who wish to remain active in the workplace. We employ older persons in a wide variety of occupations, with 59 percent of our workforce being over the age of 40. Seventy-five employees are over age 60, and 2 are over the age of 70.

The Office of the Secretary provides equal opportunity to all applicants and employees regardless of age, and our outreach efforts include all segments of society and make no restrictions according to age.

Our Division of General Services continues to provide equal access to Interior buildings for the elderly when entering to inquire about Interior programs or opportunities for employment with the Office of the Secretary.

ATTACHMENT C

Memorandum to: Dr. Andy Adams, Special Projects Administrator Policy, Budget and Administration.
From: Director, Office of Equal Opportunity.
Subject: Report on Developments in Aging, 1987.

This is in response to your memorandum of October 2, 1987, requesting information for the *Senate Special Committee on Aging's 1987 Report.*

On October 21, 1987, the Department of the Interior's proposed regulation to implement the Age Discrimination Act of 1975, was published in the *Federal Register.* The Act and the Deparatment's proposed rule, prohibit discrimination on the basis of age in the Department's federally assisted programs and activities. The proposed rule provides for a 30 day public comment period. This office feels that public participation in the development of this rule is vital because of the impact the Age Discrimination Act has on the operation of federally assisted programs. After public comments have been received and reviewed, a final rule will be developed and published.

This office has also established a policy for notifying the public of the provisions of the Age Discrimination Act and of the right to file complaints of alleged discrimination. This public notification program is carried out by recipients of Federal financial assistance of the Department and is nationwide in scope.

ATTACHMENT D

Memorandum to: Special Project Administrator, Office of the Assistant Secretary, Policy, Budget and Administration.
From: Human Relations Officer, Office of the Secretary.
Subject: Departmental Report on Developments in Aging, 1987.

Pursuant to your request, the following may be included in the annual report to the Senate Special Committee on Aging:

1. Rules on nondiscrimination on the basis of age, proposed by the Department of the Interior, have been circulated to representatives in the Office of the Secretary and other Departmental Offices (OS/ODO) for comment by November 20th. The proposed regulations are designed to guide the actions of recipients of financial assistance from the Department of the Interior.
2. Wide distribution has been made of the landmark legislation approved in October 1986 by both houses of Congress which prohibits most private employers from setting a mandatory retirement age. This measure, passed with unanimous consent, extends equal protection to workers over 70 and was signed by the President on October 31. The publication, Chronology, prepared by the Human Relations Office in the Office of the Secretary, was updated to include this legislation.
3. Separate training programs and forums targeted to supervisors and other employees are scheduled throughout the year. Subjects such as Age are included as well as appropriate handouts obtained through various community groups specifically concerned with the aging.
4. In the processing and adjudication of EEO complaints pursuant to federal statutes and implementing regulations, discrimination based on age is a proscribed act and employees or applicants who are 40 years old or older are members of a protected class. Top management's policies restate this emphasis.
5. In order to achieve the broadest workforce representation in the composition of the Human Relations Coordinators and EEO counselors who help to promote fairness in treatment and access for all employees and applicants, members of the 40 and over class are routinely selected for these collateral duty assignments.
6. Publications, photo-stories and other means of communication are routinely reviewed to assure that the aging are not only included but also are treated in an appropriate manner.

ATTACHMENT E

Memorandum to: Dr. Andy Adams, Special Projects Administrator, PBA.
From: Ira J. Hutchinson, Director, Historically Black College and University Programs.
Subject: Report on Developments in Aging, 1987.

This is in response to your October 2, 1987, memorandum concerning the above subject. This Office currently has not programs designed specifically for the aging. However, in our deliberations with historically black college and university (HBCU) officials, we explore the possibilities of HBCU's providing certain social services (including those to the aging) in DOI/HBCU projects, and we regularly consider the needs of the aging in our program planning. In addition, I delivered a speech on aging and the role of HBCU's at the annual conference of the National Recreation and Park Association, in September 1987.

We appreciate this opportunity to report on activities involving the aging.

ATTACHMENT F

Memorandum to: Dr. Andy Adams, Special Projects Administrator, PBA.
From: Principal Deputy Assistant Secretary, Territorial and International Affairs.
Subject: Report on Developments in Aging, 1987.

The following information is provided in response to your request of October 2, 1987.

Since all of the territories under the jurisdiction of this office are self-governing, Federal funds are provided directly to each government by the Federal agency involved. The various governments are responsible for establishing programs and producedures for the elderly in their respective regions. However, this office continues to provide input and assistance when requested.

Also, age is never a discriminatory factor in considering applicants for employment in this office.

ATTACHMENT G

Memorandum to: Staff Assistant, Policy, Budget and Administration.
Through Deputy: Assistant Secretary, Fish and Wildlife and Parks.
From: Acting Director, National Park Service.
Subject: Report on Developments in Aging, 1987.

The National Park Service has long been and its continuing to recognize its recognize its responsibility to provide opportunities for all citizens to participate in and enjoy the programs provided throughout its system. In 1979, the Special Programs and Populations Branch was created with the responsibilities of monitoring and coordinating Servicewide efforts to improve services to disabled and elderly persons. Since that time, considerable action has been taken at the national, regional, and local park level to provide continued input to this commitment. A number of parks have made efforts to include senior citizens and other special populations. These efforts have included the citizens and other special populations. These efforts have included the development of special focus programs and activities such as day camps for senior citizens, the provision of senior centers, special tours and programs, as well as outreach efforts where park personnel go into convalescent hospitals and nursing homes to present programs usually provided at the park.

At the present time continued efforts are being made to increase the number of older citizens in the Service's Volunteer in the Parks Program and currently we are discussing strategies with the American Association of Retired Persons (AARP). Since 1983 the number has increased from 4 percent to 8 percent. Another major effort of the National Park Service, as it relates to senior citizens, is the operation of the Golden Age Passport program. The Golden Age Passport is a free lifetime entrance permit to those parks, monuments, and recreation areas administered by the Federal Government which charge entrance fees, and is issued to citizens or permanent residents of the United States who are 62 years of age or older. The holder of this passport also gets a 50 percent discount on Federal use fees charged for facilities and services such as camping, boat lanuching and parking. Since 1975, when this program was changed from a 1-year permit to a lifetime permit, the Service has issued well over 3 million passports. In 1985, we reported that over 300,000 pastports were issued by all Federal recreation agencies. In 1986, again 302,153 Golden Age Passports were issued by all Federal recreation agencies. Data for 1987 will not be available until early 1988, but it is anticipated that there will be an increase in the number issued.

The National Park Service is increasingly becoming more accessible for all citizens including the elderly and other special populations. This is due to our continuing efforts to remove barriers that inhibit special population groups from experiencing and enjoying the national parks. Many senior citizens who, due to the aging process, are experiencing the loss of hearing, problems with visual acuity and mobility impairments, benefit from these programs and facility modifications. Large type materials, captioned audiovisual programs, audio messages for the blind, and adaptations for wheelchair users are all modifications from which the senior citizen can benefit.

In 1986, the Service published the report of the 1982–83 Nationwide Recreation Survey (NRS). The report included a chapter on "Aging and Outdoor Recreation," which was based on a series of questions sponsored by the Administration on Aging and asked of respondents aged 60 and over. A major user of the NRS data in 1986 was the President's Commission on Americans Outdoors. The Commission's report, July 1987, emphasized the implications of an aging U.S. population—and a greater diversity of interests and abilities among older Americans—for the future of parks and other recreation resources.

In accordance with the Land and Water Conservation Fund Act, the National Park Service continues to provide financial and technical assistance to the States for the development and implementation of their Statewide Comprehensive Recreation Plans. One of the primary functions of these plans is to ensure that the outdoor recreation needs of special populations, including the elderly, are adequately addressed by recreation providers.

Two grant programs, the Land and Water Conservation Fund (LWCF) and the Urban Park and Recreation Recovery Program (UPARR), require participating States and communities to examine the recreation needs of senior citizens as part of their overall recreation planning and program development. Many facilities built or rehabilitated provide access for senior citizens. The Urban Park and Recreation Recovery Program has given special priority, through the program's innovation grants, to projects providing programs and services to special populations including senior citizens.

The National Park Service continues to monitor and identify the number of employees age 60 and over. In 1987, this survey reveals a total of 918 such employees. This indicates a slight increase compared to 1986. The survey indicates that employees who are 60 and over are staying in the work force longer than in the past years. Baseline data reveals that this age group is functioning in General Service (GS) positions ranging from grade 4 to 15, and wage grades (WG) ranging from 1 to 11.

The National Park Service is proud of its accomplishments and will continue to monitor and improve services to this age group.

ATTACHMENT H

Memorandum to: Andy Adams, Special Projects Administrator, Office of the Assistant Secretary—Policy, Budget and Administration.
From: Director, Bureau of Mines.
Subject: Report on Developments in Aging, 1987.

This is in response to your memorandum dated October 2, 1987, concerning the Annual Report on Developments in Aging.

At this time last year, the Bureau of Mines had a total of 126 employees age 60 and above. This year that workforce increased to 146; an increase of 16 percent. The increase was primarily due to a large number of employees reaching their 60th birthday during the reporting period. The majority of our senior officials are in highly technical and scientific positions. Their knowledge and experience have been and continue to be highly valued by the Bureau of Mines.

We have reviewed our internal and external employment policies and find no evidence of age discrimination.

ATTACHMENT I

Memorandum to: Dr. Andy Adams, Special Projects Administrator, PBA.
From: Director.
Subject: Report on Developments in Aging, 1987.

This is in response to your memorandum dated October 2, 1987, on Aging. As a bureau, the Office Surface Mining Reclamation and Enforcement (OSMRE) has no special programs directed exclusively toward people over age 50. Instead, we prefer to accept, recognize, and utilize the talents of this group in every part of this organization. A large percent of the employees hired this year fall in that age group.

Managers and supervisors are encouraged to give support to the intent of the guidelines found in section 3307 of Title 5, U.S. Code—this is also highlighted in various in-house training courses. Special recognition is given for long years of Federal service with ceremonies that include presentation of service pens.

Persons over age 50 are included in all areas of career and executive/management development (37 percent of the employees on Intergovernmental Personnel Act assignments are over age 50). Publications (such as handbooks) and photo stories (such as video tapes) are reviewed to assure that the aging are included.

Overall, OSMRE programs continue to aid older Americans in the protection of lives and property.

ATTACHMENT J

Memorandum to: Dr. Andy Adams, Special Projects Administrator, PBA.
From: Acting Assistant Secretary—Indian Affairs.
Subject: Report on Developments in Aging, 1987.

The Bureau of Indian Affairs (BIA) appreciates your memorandum of October 2, 1987, and the opportunity to contribute to *Developments in Aging, 1987.*

Social Services administers a program of financial assistance to eligible Indian individuals and families, including the elderly, who reside on or near Indian reservations, and who are not eligible for such assistance from any other Federal or state source. A pertinent component of the Bureau's financial assistance program is adult custodial care, a component which is provided in locales where public funds for custodial care are unavailable. Custodial care is essentially nonmedical care and protection provided to an eligible person when, due to age, infirmity, or physical or mental impairment, that person requires care from others in his or her daily living. This care may be provided in the most appropriate nonmedical setting, including the individual's home, an institution or other group care setting.

The Bureau of Indian Affairs also has a Housing Improvement Program (HIP) which involves the repair and renovation of existing housing and the construction of some new homes on Indian reservations and in Indian communities. The HIP is a grant program and is aimed at improving the standards of housing for those people who are not qualified to receive housing assistance from any other source. Although eligibility to participate in HIP is not based upon the age of the applicant but rather upon need for decent housing, a good many recipients involve elderly Indians since their qualifications and participation in other housing programs are more unlikely.

ATTACHMENT K

Memorandum to: Special Projects Administrator, Office of Policy Budget and Administration.
From: Assistant Director, Management Services.
Subject: Report on Developments in Aging, 1987.

This responds to your request for a report on the activities of the Bureau of Land Management (BLM) on developments in aging.

The Bureau continues to recognize the contribution that older citizens can make to achieving our program objectives. We have encouraged our field offices to use senior citizens whenever possible. The response to this encouragement has been seen Bureauwide with senior citizens being used at various organizational levels in a number of locations. Our State and District Offices have maintained contacts with the American Association of Retired Persons (AARP), Green Thumb, and the Senior Community Service Employment Program. These contacts have resulted in our retaining a significant number of senior citizens in our volunteers program and also the employment of some on a regular basis as seasonal employees. We also remain continually receptive to the reemployment of retired BLM and Department employees who, based on their interest and concern for environmental issues, provide a talented pool of willing workers.

We anticipate that the Bureau's use of senior citizens for meaningful and productive projects will continue at the level at which it has been for the past several years. In fact, budget reductions may make us a little more dependent upon the services they provide. Our volunteers program manager will meet this month with the AARP to lay the groundwork for further participation by AARP members in Bureau projects in the coming years.

ATTACHMENT L

Memorandum to: Dr. Andy Adams, Special Projects Administrator, PBA.
From: Director, Geological Survey.
Subject: Report on Developments in Aging, 1987.

The U.S. Geological Survey (USGS) has a strong and ongoing commitment to utilize the knowledge and scientific expertise of its older employees. In response to your request for information concerning activities in the USGS which focus on opportunities for older people, we are pleased to provide this annual review of our activities and services for the elderly.

As a bureau, it is our policy to provide equal opportunity in our recruitment and promotion activities for all applicants and employees, regardless of age. Our recruitment outreach efforts are aimed at all segments of American society and make no restrictions on consideration because of age. We carefully follow personnel practices that seek to avoid any possible age discrimination.

We employ older persons in a broad spectrum of occupations, and very strongly advocate the utilization of reemployed annuitants to fill a wide variety of staffing needs in many program areas. While their exact number may vary at any given time, the USGS usually has between 250 and 300 reemployed annuitants on its rolls. Because we are research oriented, the USGS employs many research scientists (geologists, hydrologists, geophysicists, cartographers, and physical scientists) and technicians who are of a mature age. We are very often able to capitalize on the advanced level of skills, knowledge, and expertise which many of these older workers have to impart to other employees. This means that the USGS regularly utilizes retired or older individuals in a variety of technical, scientific, or administrative capacities. In addition, the USGS conducts ceremonies each year in which honors are given to older employees for meritorious service and special achievements, and during which appropriate recognition is given to senior employees for both length of service and outstanding performance. This demonstrates the dependence of the USGS upon the skills and abilities of its older employees, and shows the employees' willingness to remain in a working environment that continues to allow them to make a positive contribution to bureau programs. Real scientific strength is derived from using the experience and knowledge of reemployed annuitants, particularly, because the abilities of such employees are based upon years of research and personal development. As a scientific agency, we believe the necessary foundation for a comprehensive study of the Earth's past, coupled with a successful and ongoing search for its future resources, lies in taking maximum advantage of employees whose careers are in a state of continuing growth and developing maturity. The former Directors, Assistant Directors, Division Chiefs, and many other older members of our bureau staff are continuing to work in the USGS because they have no desire to stop the challenging growth and development of their research careers. Concurrently, the USGS vigorously continues to provide sincere interest in and support for their scientific endeavors. We believe the expertise which our older workers possess is a valuable fund of scientific knowledge from which younger scientists can draw enrichment.

In the years ahead, the USGS will come to rely more and more on the contributions to be made to earth science research by older persons, as the age demographics of the Nation continue their rapid change. The U.S. Census Bureau reported recently that the number of older people in the world is growing faster than the general population, and that, worldwide, the number of people aged 65 and over is growing 2.4 percent annually, a rate faster than the overall global population growth rate. It was estimated that the United States will have more than 14,348,000 citizens 80 years of age or older by the year 2025. At the end of 1983, one of every nine Americans, or nearly 12 percent of our population, was 65 or older. The over-65 population has grown by 6 percent since 1980, as compared with a 3 percent increase in the under-64 population. Over-85 people are the fastest growing segment of our population, with 4.6 million people expected to be 85 or older by the year 2010.

As this "graying" of our population continues its dramatic growth, the U.S. census figures indicate that there will be very high concentrations of elderly citizens in States outside the traditional sun-belt in such States as Pennsylvania, Rhode Island, and Connecticut. Already, the elderly are the second-fastest-growing age group, trailing only the 25- to 44-year-olds. By the turn of the century, they will have increased by 20 percent, compared with the current 10.9 percent of our total population, and will account for nearly one in eight Americans. Particularly in employment, "aging" issues will edge higher on the Nation's agenda. Employers will have to face the issue of an older work force and plan sensible responses as the exodus of mature and older workers continue from the work force. Unless careful and effective alternatives are developed, the future loss of this critical human resource will seriously affect all employers, including the Federal Government.

Persons age 65 and older numbered 28 million or 12 percent of the American population by 1984. The growth of the over-65 population will also continue well into the next century, so that, by 2010, people over the age of 65 will number 65 million and represent 21.2 percent of the population. Employers will need to carefully examine employement practices and behavior to guarantee that age discrimination is eliminated. For the USGS, this means that we will have to assure that qualified older workers are not passed over for promotions or training opportunities in favor of younger workers. We will carefully monitor our personnel practices, because we may not be able to recruit enough young workers to replace our older employees. As our work force matures, with a smaller number of younger workers available to replace retirees, we shall continue to devise creative, flexible approaches to attracting and retaining older workers. Based on our past experience, we know that more mature employees bring patience, dedication, loyalty and maturity to the job. A study by the Senior Employment Resources organization in the Reston, Virginia, area, where our headquarters is located, reveals that skilled, older workers can increase productivity, provide high morale and job motivation, decrease absenteeism, lower training and start-up costs, increase employee initiative, provide positive role models for younger employees, and assist in affirmative action compliance. We are aware, also, that the local population in our area has become increasingly older. The over-65 population in our local county jumped from 25,100 in 1970 to 74,000 in 1985. As an employer, the USGS will attempt to make full use of qualified older citizens who may be available for employment in our area.

At the present time, out of a total bureau population of 12,600, we have 580 employees who are age 60 or older; we have 80 employees who are age 70 or older, and we have seven employees who are age 80 or older. We have hired 39 of those who are 60 years old or older since 1984, alone, and we will continue the policy of making use of the abilities of older citizens by continuing such employment practices.

Our retired employee organizations have proven to be a strong and positive manifestation of interest and concern for one another and the USGS. The activities these groups initiate allow our retirees to maintain effective contacts with their professional colleagues and continue to support USGS activities of mutual interest in the earth sciences. Many of these retirees are continuing their individual scientific research and exploration on important projects, and are frequently called upon by the scientific community to present their findings at professional meetings. The retiree organizations are also valuable to the USGS for the goodwill they create and because they serve as collective resources for use by the general scientific community, as well as by the USGS. The Director and other USGS officials also use the expertise of older employees and retirees as consultative sources for valuable information needed to make decisions affecting the operation of the bureau. All of this, we believe, demonstrates the high level of regard and trust in which the USGS holds its older employees and retirees.

All of the contributions of our retirees are not limited to continuing USGS programs alone, and many of these people make personal, positive contributions to our local communities. One such retiree, William Kosco, is using his retirement to work as a volunteer with the Arlington-Fairfax Elks Lodge in Virginia, in their Drug Awareness Education Program. Mr. Kosco works in a drug prevention program targeted at youth in fourth through ninth grades. The program emphasizes alcohol, marijuana, and cocaine abuse as "gateway" drugs and attempts to communicate a simple "no-use" message to each youth. Mr. Kosco's success has resulted in the Elks' authorization of a $15,000 budget for his use for 1986-87. This former USGS employee is continuing to serve his community by making a personal effort to help combat drug problems among our youth. HIs efforts are typical of the continuing positive contributions many USGS employees and retirees make to our Nation.

An example of an older employee's contribution to the USGS is reflected in the activities of a professional engineer who worked for many years in a prestigious engineering firm, but who now spends up to 32 hours a week researching library requests and taking inventory of the hugh collection of scientific library materials currently being stored in the USGS warehouse. He says he paid more in taxes as an engineer than he is earning now, but that he loves the work and the contribution he is able to make to our library collection. He is 69 years old.

Until his death on January 23, 1987, Dr. Vincent E. McKelvey personified the kind of commitment many older USGS employees make to the bureau. Dr. McKelvey joined the USGS in January 1941 and was still writing and editing reports for us at the time of his death. He led the USGS program in the search for uranium, dealt with the problems of the Nation's oil and gas supply, represented the United States at the Law of the Sea meetings, served as Assistant Chief Geologist, Chief Geologist, and from 1971 to 1979, served as our Director. Dr. McKelvey held firm to the ideal that the USGS had the principal role of serving as an impartial factfinding agency which makes its scientific research available to decisionmakers without recommending policies. He constantly stressed that the foundation of the USGS was based upon scientific excellence and absolute integrity. His contributions to the USGS, to the earth science profession, and to his fellow scientists around the world will endure for a long time.

The USGS continues to be very proud and appreciative of all its employees, but considers those of a more mature age to be particularly valuable to the past success of our mission. Because we trust in their abilities and the depth of their scientific achievements, we intend to continue to rely heavily upon our older workers and retirees and to continue to ask them to apply their knowledge and skills to help the USGS meet the technical and scientific responsibilities assigned to it by the Nation. In summary, it is the ongoing policy of the USGS to view the contributions of older employees and retirees as a positive, constructive, and valuable resource to be depended upon and used effectively to advance our knowledge of the earth sciences.

ATTACHMENT M

Memorandum to: Special Projects Administrator, Office of the Assistant Secretary—Policy, Budget and Administration.
From: Assistant Director for Administration.
Subject: Report on Development in Aging, 1987.

This is in response to your memorandum of October 2, 1987, requesting our report on Developments in Aging for 1987. The Minerals Management Service (MMS) continually works to serve the needs of older Americans both within the workforce itself and through the major programs it administers nationwide. A number of facts and statistics point to continuing significant accomplishment by the MMS that directly impact older workers.

Statistically, our total workforce age 40 and over has increased during the past year from about 47 percent to over 50 percent (1,047 of 2,072). Of this total, 100 employees are over age 60 (4.82 percent) with 19 workers over age 65 and 7 over age 70. Older employees are well represented in the many and varied occupational specialties found in the MMS, particularly in the computer, engineering, and physical science fields. Clearly the MMS is successfully hiring and retaining older workers at all levels.

With an increasing aged workforce, special attention has been focused on identifying the employee development (training) needs of the older worker. Retirement planning workshops were also offered to interested older workers.

A 2-year MSS-wide Equal Employment Opportunity training program costing more than $140,000 has been completed. It is particularly important to the MMS that its managers and supervisors understand what constitutes discrimination and how to avoid situations that can lead to valid charges of discrimination, including age discrimination. We believe that this training effectively achieved this objective.

The MMS has implemented effective personnel management policies to ensure that equal opportunity is provided to all applicants and employees with regard to employment practices, promotions, training, and other essential personnel functions.

We continue to perform our mission-related functions with diligence and with appreciation of the importance of our actions. One mission responsibility impacting large numbers of citizens is the approval of mineral royalty payments to various landholders, including native American Indians. Included in this group are numerous older Americans who often depend heavily on these payments to meet basic human needs and rely on the ability of the MMS to perform these financial responsibilities. We continue to make improvements in the delivery systems by which these payments are made.

The MMS Offshore mission has the ultimate objective of increasing domestic mineral (oil and gas) production through Offshore resources, thereby decreasing our dependence on foreign imports. Such activities have significant effect on the economic well-being of all our citizens.

ATTACHMENT N

Memorandum to: Dr. Andy Adams, Special Projects Administrator Office of the Secretary.

From: Acting Chief, Division of Personnel Management.

Subject: Report on Developments in Aging—1987.

Attached is the above referenced report from this Bureau in response to your request.

The Bureau of Reclamation continues to carry out programs which provide meaningful opportunities for older Americans, especially in the areas of employment and recreation. We continue to support and encourage these programs throughout the Bureau.

In employment, the Bureau stresses equality for all applicants and employees. Vacancy announcements are open to all qualified individuals, regardless of age. The Bureau employs older persons in a broad spectrum of occupations, and utilizes reemployed annuitants to fill staffing needs in many program areas. The Bureau, as an engineering organization, employs the advanced level of skills and expertise which older employees can impact to other workers. The Bureau also utilizes retired individuals as members of boards and commissions, and in a variety of technical, scientific, or administrative professions. We expect that as the Bureau's current reorganzation progresses we will increase our use of reemployed annuitants and other older workforce to meet short term employment needs. Each year in ceremonies which honor meritorious service and special achievements, recognition is given to senior employees for both length of service and outstanding performance. Also, the Bureau through it citizen's award program, recognizes senior citizens for their contribution to the Reclamation program.

The Bureau has increased efforts to make our projects and facilities more accessible to handicapped individuals. Since a sizable percentage of the aging population experience some degree of disability, these modifications make Bureau facilities more usable and enjoyable for the elderly as well.

Recreation opportunities are also available at many Bureau facilities for water-oriented activities such as fishing, swimming, boating, and camping. These leisure activities traditionally attract the retired and senior citizen population.

The Bureau is committed to continue efforts to ensure that senior citizens have full benefit of recreational activities available through Reclamation programs and that senior employees are provided equal opportunity to fulfill career goals.

ATTACHMENT O

Memorandum to: Dr. Andy Adams, Special Projects Administrator, PBA.
From: Director.
Subject: Report on Developments in Aging, 1987.

The Fish and Wildlife Service is pleased to provide the information you requested on September 14, 1987, for inclusion in the 1987 Report to the Senate Special Committee on Aging. The Service has a strong and continuing commitment to fully utilize the knowledge and expertise of the elderly. Attached is a review of our activities and services.

The Fish and Wildlife Service (Service) continues to be committed in its efforts to insure that senior citizens are utilized and supported through special activities, voluntarism, employment programs and the modification of facilities to improve accessibility. In fiscal year 1987, the Service's Northeast Region benefited from the volunteer efforts of 131 senior citizens. These volunteers helped staff public information desks, performed maintenance tasks, and assisted in almost every aspect of Service work.

Several national wildlife refuges celebrated fiftieth anniversaries during the year. Senior citizens from local communities provided valuable assistance in planning and carrying out these community celebrations. The Neosho National Fish Hatchery will be celebrating its centennial anniversary next year. In preparation for this event, senior citizens have been assisting the hatchery staff in providing historical data for the local newspaper and by staffing the information desk in the visitor center.

Special programs have been held at many refuges across the Nation including an "open house" and a Labor Day Celebration at the Dungeness National Wildlife Refuge. Some volunteers were presented with Special Achievement Awards for their involvement in many aspects of refuge operations, including maintenance of trails; cleaning restrooms, visitors centers, and facilities; and providing administrative assistance. The oldest volunteer is 93 years old.

In San Francisco, an Annual Award Program is conducted to honor the volunteer with the highest number of volunteer hours. The San Francisco Bay National Wildlife Refuge has 20 volunteers that participate in a variety of services.

At Bombay Hook National Wildlife Refuge, 13 seniors have given 387 voluntary hours. These elderly persons performed clerical and administrative duties. Bombay's Outdoor Recreation Planner provided substantial training to the volunteers which enable them to take children on tours.

On weekends, the staff from Kenai National Wildlife Refuge goes into the local communities of Soldotna and Kenai, Alaska, to pick up the elderly via van to view and discuss special films on wildlife activities at the refuge. The elderly are also taken on tours of the refuge.

At the Togiak National Wildlife Refuge, volunteers censused Pacific walrus haulout on the beach. At times the herd would number over 12,000. Another important part of this exciting project involved the documentation of aircraft, boats and hunters which can potentially harass the animals off the beach.

The Southwest Region has developed a Senior Citizens Employment Program that enables the senior citizens to work in a variety of refuge related positions. The Southeast Region hosted 216 volunteers who performed work, such as construction, general maintenance, photography, trail development and maintenance, exhibits design and guided tours of information centers.

The Leetown Research Lab provides an open "Fish Program" for the senior citizens in the area.

The Service continues to issue Golden Age Passports during the year. With the initiation of the Refuge Entrance Fee Program this year, we anticipate that many more senior citizens will request and take advantage of the Golden Age Passports benefits.

Many of the retired employees continue to maintain communication links to the agency through organized groups. There is a networking group of the Service's senior citizen volunteers, in various locations, who meet for social activities and attend more formal Servicewide functions.

The Service's Office of Public Affairs encourages communications by providing a current mailing address of each retiree so they will receive copies of the Fish and Wildlife News.

During 1987, the Service conducted Servicewide self-evaluation to ensure accessibility to handicapped persons. Many handicapped senior citizens took part in the evaluation of Service facilities and activities to make sure standards were being met. We expect many senior citizens will benefit from the improved access resulting from this renewed effort.

It is important to mentioned that one Service retiree is writing a briefing book about his experiences at the Dungeness National Wildlife Refuge. Another retiree is writing a children's book based on observations made at Cape Pierce in Alaska.

The Service will continue to reaffirm its commitment to the elderly in the future.

ITEM 9. DEPARTMENT OF JUSTICE

DECEMBER 17, 1987.

DEAR MR. CHAIRMAN: I am pleased to enclose for you and the Members of the Special Committee on Aging the submission of the Department of Justice for the 1987 edition of *Developments in Aging*.

Within the Department, the Office of Justice Programs sponsors a number of initiatives that affect older Americans. For example, OJP collects information about the impact of crime on elderly victims and victimization rates of elderly citizens; works to improve criminal justice services for elderly and other victims of crime; and helps protect senior citizens and their neighborhoods from crime through prevention programs such as escort services and Neighborhood Watch. In addition, the Office of Justice Programs provides block grant funds to the states that may be used to support state and local criminal justice programs for older Americans.

Through these and other initiatives, the Office of Justice Programs is continuing its commitment to safeguard our Nation's senior citizens, those who have given this country, their communities, their families, and all of society so much during their lives. We trust that the programs we sponsor will ensure for older Americans the security from fear of crime and fair treatment they so richly deserve.

I appreciate having the opportunity to share with you and the Committee the significant accomplishments of the Department of Justice, through its Office of Justice Programs, on behalf of elderly citizens. Please let me know if I can be of further assistance to the Committee concerning this matter.

Sincerely,

JOHN R. BOLTON,
Assistant Attorney General.

Enclosure.

OFFICE OF JUSTICE PROGRAMS

The Office of Justice Programs (OJP) was created by the Justice Assistance Act of 1984, which is a part of the Comprehensive Crime Control Act of 1984. The Justice Assistance Act restructured the criminal justice research and statistics units of the Department of Justice and established a new program of financial and technical assistance to state and local governments.

The Office's mandate, under the leadership of an Assistant Attorney General, is to help foster the cooperation and coordination needed to make the criminal justice system function more effectively. To carry out this mandate, as President Reagan long has encouraged, OJP works to form partnerships with state and local governments to help policymakers, practitioners, and the public understand what crime costs in terms of public safety and the social and economic health of communities.

OJP has policy coordination and general management responsibilities for five bureaus and offices: the Bureau of Justice Assistance; the Bureau of Justice Statistics; the National Institute of Justice; the Office of Juvenile Justice and Delinquency Prevention; and the Office for Victims of Crime. While each program bureau or office retains independent authority in awarding funds to carry out programs it sponsors, together these components constitute a single agency whose goal is to implement innovative programs and to promote improvements in the Nation's administration of justice.

The following are the activities of the Office of Justice Programs on behalf of older Americans:

ASSISTANCE FOR VICTIMS OF CRIME

The OJP Office for Victims of Crime (OVC) continues to develop and support programs that facilitate the implementation of the recommendations of the President's Task Force on Victims of Crime, the Attorney General's Task Force on Family Violence, and the President's Child Safety Partnership.

Through the hearings held in 1982, the President's Task Force on Victims of Crime learned of the special needs of elderly victims. The fear of crime can be paralyzing for elderly citizens and the results of actual victimization, all too often, are both emotionally and financially devastating. Property loss, such as the theft of a television or hearing aid, may result in loss of contact with the outside world. Fear of further victimization may result in fewer trips outside the home, increasing an older person's isolation. Minor injuries can produce serious consequences for older persons, and the pace and procedures of hospital emergency rooms may overwhelm them. Because, in many instances, elderly persons live on fixed incomes, financial losses and bills incurred as a result of victimization create a greater hardship for them.

In addition, elderly victims have too often been ignored and pushed aside by society, including our criminal justice system. Elderly persons with sensory impairments may be inappropriately labeled as senile and discounted as witnesses during criminal prosecutions.

The Office for Victims of Crime is working through the following means to lessen the trauma and improve the treatment of elderly victims:

Training.—Through a grant from OVC, the National Organization for Victim Assistance conducts workshops that concentrate on increasing the sensitivity of criminal justice and other practitioners to the particular needs of the elderly crime victim.

Federal Legislation.—The Victims of Crime Act of 1984 (VOCA), as amended, authorizes Federal financial assistance to state victim compensation programs, state and local victim assistance providers, and Federal crime victim services. The Federal assistance provided under VOCA is increasing the funds available to compensate crime victims, especially our elderly, and to expand services for them.

The Office for Victims of Crime makes annual grants from a Crime Victims Fund to the states for programs to compensate crime victims and for programs that provide direct services for victims. Last year, the Office provided approximately $64 million in grant awards to the states and territories to support victim compensation and assistance programs. Monies in the Fund come, not from taxpayers, but from fines and other penalties assessed on all convicted Federal defendants.

Each state agency receiving Federal funds under VOCA determines which state and local victim service programs are funded as well as the qualifying criteria for compensation assistance. Therefore, victims of crime, including the elderly, must meet each state's eligibility criteria in order to qualify for assistance.

To be eligible for victim assistance funds, a state must agree to give priority to programs providing assistance to victims of spouse abuse, child abuse, or sexual assault. The Office for Victims of Crime has requested that state VOCA grant recipients compile semiannual statistical data by age on the number of primary victims who receive direct services. While this data has not yet been fully analyzed, it appears that elderly crime victims receive a significant amount of assistance, particularly from spouse abuse services. A study by the National Institute on Aging found that 58 percent of the abused elderly covered by its study were victims of spouse abuse.

A preliminary analysis of data reported to OVC by 36 states indicates that 43 programs targeted towards elderly crime victims received approximately $1,192,619, or 3 percent of all funds awarded under VOCA. Nine percent of victims served by all programs were older Americans. These figures, however, do not include data from California and Florida, two states with large elderly populations. Data from these states could significantly increase the number of programs serving elderly crime victims as well as the number of elderly victims receiving services.

Model Legislation.—A number of legislative reforms recommended by the President's Task Force on Victims of Crime have been developed into model statutes by the National Association of Attorneys General and the American Bar Association under OJP grants. The model statutes are being disseminated to state attorneys general, state legislators, and other key state officials and victims advocates for possible implementation. Several of these model statutes—such as those limiting the disclosure of victims' addresses and telephone numbers, maintaining the confidentiality of victim counseling, and requiring consideration of the impact of crime upon the victim at the time of sentencing—are of special significance to elderly crime victims.

National Victims Initiatives.—OJP's Office for Victims of Crime provides Federal leadership in identifying and developing programs to address victims service issues of national scope, including implementation of the recommendations of the President's Task Force on Victims of Crime, the Attorney General's Task Force on Family Violence, and the President's Child Safety Partnership. One of the issues being addressed is the problem of elder abuse and the most effective intervention and treatment techniques.

In addition, OVC monitors compliance among U.S. Attorneys with the Victims Witness Protection Act of 1982, which requires that services be provided to victims of Federal crimes, and manages the National Victims Resource Center, which is operated under a contract with the National Criminal Justice Reference Service. The Center maintains a data base that serves as a Federal clearinghouse for information concerning victim/witness assistance, victim compensation programs, and organizations that provide services for crime victims and witnesses.

ASSISTANCE FOR CRIMINAL JUSTICE PROGRAMS

The Office of Justice Programs' Bureau of Justice Assistance makes grants to states for activities in 18 program areas designated by the Justice Assistance Act of 1984, including crimes against the elderly. Since fiscal year 1985, the first year during which funds were awarded under the Act, states have subgranted for state and local programs, or are planning to subgrant, $307,760 for crime prevention, victim services, and consumer fraud investigation activities on behalf of older Americans. Other state and local programs, while not directly targeting elderly citizens, support similar activities that benefit the elderly.

The Bureau also sponsors the development and implementation of state and local programs that involve the cooperation of law enforcement and elderly citizens to control and prevent crimes against the elderly, including consumer fraud, which frequently results in the victimization of older Americans; programs that increase senior citizens' understanding of the criminal justice system and encourage them to report crimes to police; and training programs for criminal justice practitioners and others who work with elderly crime victims and witnesses.

CRIME PREVENTION

The Office of Justice Programs supports the National Citizens' Crime Prevention Campaign, which promotes citizen participation in crime prevention activities and provides information—through public service advertising and published materials—on how citizens can protect themselves from crime.

The Campaign features the floppy-eared crime dog, "McGruff," who urges the public to help "Take A Bite Out of Crime" by participating in neighborhood escort services for the elderly, block watches, citizen patrols, and other activities relating to crime prevention. One of the members of the Crime Prevention Coalition, which sponsors the Campaign, is the American Association of Retired Persons. AARP works to educate older Americans about personal and neighborhood security and to encourage their participation in crime prevention activities.

The Campaign publishes a number of informational booklets, including "Senior Citizens Against Crime." The booklets and additional information about the Campaign can be obtained by writing: McGruff, Box 6000, Rockville, Maryland 20850.

CRIME AND THE ELDERLY

The Office of Justice Programs' Bureau of Justice Statistics (BJS), in its National Crime Survey, collects information on the characteristics of crime, including crimes not reported to the police. One of the characteristics on which information is collected is the age of the victim. In November 1986, BJS released a new report, "Elderly Victims," that presents detailed information from the National Crime Survey on crime and the elderly.

The report shows that the rates of crime against the elderly are lower than for other age groups in the United States. However, in certain respects, violent crimes against the elderly are often more serious than crimes against younger people. In addition, the study found that, within the elderly population, some groups were more vulnerable to crime than others.

The latest BJS data also found that the elderly may be particularly susceptible to crimes where economic gain is a primary motive. More people over age 65 were victimized by robberies (45 percent) than persons under age 65 (18 percent).

Other data from the National Crime Survey show that elderly violent crime victims were more likely than younger victims to face offenders armed with guns and to face offenders who were strangers. Within the elderly population, males, blacks, separated or divorced persons, and central city residents generally had higher victimization rates than did elderly females, whites, married or widowed persons, and suburban or nonmetropolitan area elderly residents. Those age 75 and older had similar victimization rates to those age 65 through 74 for rape, robbery, purse snatching, and pocket picking, but lower rates for other crimes.

PUBLICATIONS

The Office of Justice Programs has produced a number of publications relating to crimes against the elderly and programs to combat these crimes. Titles include: *Crime Against the Elderly in 26 Cities; Crime and the Elderly; Crime Prevention Handbook for Senior Citizens; Crime Prevention Through Environmental Design; Crime Victim Compensation; Criminal Justice and the Elderly; Selected Bibliography; Partnerships in Neighborhood Crime Prevention; Serving Victims of Crime;* and *Crime Victim Restitution.* Copies are available from the National Criminal Justice Reference Service, Box 6000, Rockville, Maryland 20850.

ITEM 10. DEPARTMENT OF LABOR

DECEMBER 14, 1987.

DEAR MR. CHAIRMAN: Enclosed is a summary of the programs and activities of the Department of Labor for fiscal year 1987 related to aging.

Described in the report are programs administered by the Employment and Training Administration and the Pension and Welfare Benefits Administration.

I trust this information will be of assistance to you in preparing your report, "Developments in Aging."

Sincerely,

DENNIS E. WHITFIELD.

Enclosure.

EMPLOYMENT AND TRAINING ADMINISTRATION

INTRODUCTION

The Department of Labor's (DOL's) Employment and Training Administration (ETA) provided a variety of training, employment and related services for the Nation's older individuals during program year 1986 (July 1, 1986–June 30, 1987) through the following programs and activities: the Senior Community Service Employment Program (SCSEP); programs authorized under the Job Training Partnership Act (JTPA); the Federal-State Employment Service System; and research and demonstration efforts.

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

The Senior Community Service Employment Program (SCSEP), authorized by Title V of the Older Americans Act, employs low-income persons age 55 or older in a wide variety of part-time community service activities such as health care, nutrition, home repair and weatherization programs, and in beautification, fire prevention, conservation, and restoration efforts. Program participants work an average of 20 hours per week in schools, hospitals, parks, community centers, and in the other government and private nonprofit facilities. Participants also receive personal and job-related counseling, annual physical examinations, job training, and in many cases referral to regular jobs in the competitive labor market.

Eighty percent of the participants are age 60 or older, and over half are age 65 or older. Almost 70 percent are female, about half have not completed high school, and all enrollees have a low income.

Table 1 shows SCSEP funding, enrollment, and participant characteristics for the program year July 1, 1986, to June 30, 1987.

TABLE 1.—*Senior Community Service Employment Program (SCSEP): Funding, enrollment, and participant characteristics—program year July 1, 1986, to June 30, 1987.*

Funding	$312,000,000
Enrollment:	
Authorized positions established	61,045
Unsubsidized placements	13,850
Characteristics (percent):	
Sex:	
Male	32
Female	68
Educational status:	
8th grade and less	28
9th through 11th grade	21
High school graduate or equivalent	34

1-3 years of college	12
4 years of college or more	5
Veterans	14
Ethnic group:	
White	65
Black	23
Hispanic	8
American Indian/Alaskan Native	2
Asian/Pacific Island	2
Economically disadvantaged	100
Poverty level or less	85
Age:	
55-59	21
60-64	29
65-69	25
70-74	16
75 and over	10

Source: U.S. Department of Labor, Employment and Training Administration (Preliminary Data).

JOB TRAINING PARTNERSHIP ACT (JTPA) PROGRAMS

The Job Training Partnership Act (JTPA) provides job training and related assistance to economically disadvantaged individuals, dislocated workers, and others who face significant employment barriers. The ultimate goal of JTPA is to move program participants into permanent, self sustaining employment. Under JTPA, Governors have approval authority over locally developed plans and are responsible for monitoring local program compliance with the Act. JTPA functions through a public/private partnership which plans and designs training programs, as well as delivers training and other services. Private industry councils, in partnership with local governments in each service delivery area, are responsible for providing guidance for oversight of job training activities in the area.

JTPA places emphasis on increasing the post program employment and earnings of economically disadvantaged and displaced workers. Seventy percent of the funds available to service delivery areas are required to be spent on training. Not more than 15 percent can be spent for the costs of administration, and not more than 30 percent may be spent for the combined costs of administration and supportive services.

Basic JTPA Grants

Title II-A of JTPA authorizes a wide range of training activities to prepare economically disadvantaged youth and adults for unsubsidized employment. Training services available to eligible older workers through the basic Title II-A grant program may include activities such as on-the-job training, institutional and classroom training, remedial education and basic skill training, and job search assistance and counseling. Table 2 shows the number of persons *55 years of age and over* who terminated from the Title II-A program during the period July 1, 1986, through June 30, 1987. The data do not include the 3 percent set-aside program which is reported separately.

TABLE 2.—JTPA ENROLLMENT JULY 1, 1986–JUNE 30, 1987 (TITLE II–A GRANTS)

Item	Number served	Percent
Total terminees	444,989	100
55 years and over	14,566	3.0

Source: U.S. Department of Labor, Employment and Training Administration, (October 1987 Preliminary Data).

Programs for Dislocated Workers

Title III authorizes a State-administered dislocated worker program which provides training and related employment assistance to workers who have been, or have received notice that they are about to be, laid off due to a permanent closing of a plant or facility; laid-off workers who are unlikely to be able to return to their previous industry or occupation; and the long-term unemployed with little prospect for local employment or reemployment. Those older workers eligible for the program may receive such services as job search assistance, retraining, pre-layoff assistance and relocation. During the period July 1, 1986, through June 30, 1987, approximately 11,000 individuals 55 years of age and over went through the program and they constituted about 8 percent of the program terminations.

Section 124 Set-Aside

Section 124 of JTPA calls for 3 percent of the Title II-A allotment of each State to be made available for the training and placement of older individuals in employment opportunities with private business concerns. This provision specifies that only economically disadvantaged individuals who are 55 years of age or older are eligible for services funded from this set-aside.

JTPA offers wide discretion to the Governors in using the set-aside. Two major patterns have evolved. One is its use for organizationally distinct olde worker projects in a manner similar to the categorical separation of SCSEP programs from the rest of the JTPA system. The other is the use of the set-aside as resources for Title II-A programs to ensure a minimum portion of older workers among Title II-A participants, without the creation of separate programs for older workers. In some States, all or part of the set-aside is formula-funded to service delivery areas. In other States, it is used for administration at the State level for model programs or for both purposes. For Program year 1986 (July 1, 1985 through June 30, 1986), the 3 percent set-aside program for economically disadvantaged individuals 55 years of age and over enrollded almost 53,000 participants.

THE FEDERAL-STATE EMPLOYMENT SERVICE SYSTEM

The State-operated public employment offices offer employment assistance to all jobseekers, including middle-aged and older persons. A full range of labor market services are provided, including counseling, testing, job development, job search assistance and job placement. In addition, labor market information and referral to relevant training and employment programs are also made available. In response to the paperwork reduction initiatives, there has been a reduction in the Federal reporting requirements for the State Employment Service Agencies. Table 3 shows four major reporting items currently collected on employment service activities. For Program Year 1986, characteristics data, including age breaks, were not collected under the Federal reporting system. Therefore, data concerning age groups are estimated. Using the percentage totals for the previous reporting year as estimates, the State Employment Service agencies placed about 432,000 individuals 40 years of age or older. This category, which constitutes about 21 percent of all applicants, was referred to 16 percent of all openings and received 23.8 percent of the counseling services.

TABLE 3.—EMPLOYMENT SERVICE ACTIVITIES TO ASSIST OLDER WORKERS—PROGRAM YEAR 1985

	Individuals served		
	Total	Age 40 and over (percent) [1]	Age 55 and over (percent) [2]
Services provided by State employment service agencies:			
Total applicants	19,219,205	21.2	5.6
Individuals referred to job openings	6,944,992	16.1	3.7
Individuals placed in a job	3,246,508	13.3	3.2
Individuals counseled	602,520	23.8	6.1

[1] Estimates based upon percentages from Program year 1985 reports.
[2] Data from Employment Service Program Quarterly Report.

Source: U.S. Department of Labor, Employment and Training Administration.

RESEARCH

In fiscal year 1987, a two volume report was prepared on a study of job placement systems for the elderly, which was conducted in cooperation with the Administration on Aging, Department of Health and Human Services. The study focused on the participants, services, placement results and program characteristics of the Job Training Partnership Act three percent set-aside programs for the elderly. Key findings were: Participant Characteristics—the typical participant was a non-minority, unemployed female 59 years old with a 10th grade education (61% were females, 69% were non-minority, 85% were under 65, and 90% were unemployed at enrollment); Services Provided—the most common service was counseling, but the most effective in producing employment was on-the-job training with an 81% placement rate (most of the Job Training participants were male, while most of the classroom occupational trainees were female); Placement Results—there was an overall placement rate of 76%, an average starting wage of $4.72 and a median work week of 39 hours (women were somewhat less likely to be placed and received about 80% as much in wages as men); Program Characteristics—levels of program service provided separated the programs into four basic models (comprehensive employment services, occupational skills training, job development and job search training, with a direct relation between service level provided and cost per participant). Most programs were affiliated with the Senior Community Service Employment Program, and the most successful allied with many community organizations and employers, and provided some followup of participants after termination.[1]

PENSION AND WELFARE BENEFITS ADMINISTRATION

INTRODUCTION

The Pension and Welfare Benefits Administration (PWBA) is responsible for enforcing the Employee Retirement Income Security Act (ERISA). PWBA's primary responsibilities are for the reporting, disclosure and fiduciary provisions of the law.

Employee benefit plans maintained by employers and/or unions generally must meet certain standards, set forth in ERISA, designed to ensure that employees actually will receive the benefits promised. ERISA does not, however, apply to public sector plans or to certain private sector plans.

The requirements of ERISA differ depending on whether the benefit plan is a pension plan, or a welfare plan. Both types of plans must comply with provisions governing reporting and disclosure to the Government and to participants (Title I, Part I) and fiduciary responsibility (Title I, Part 4). Pension plans must comply with additional ERISA standards (contained in both Title I, Parts 2 nd 3, and Title II) which govern membership in a plan (participation), nonforfeitability of a participant's right to a benefit (vesting), and financing of benefits offered under the plan (funding). Welfare plans providing medical care must comply with ERISA continuation coverage requirements (Title I, Part 6).

The Departments of Labor and the Treasury have responsibility for administering the provisions of Title I and Title II, respectively, of ERISA. The Pension Benefit Guaranty Corporation (PBGC) is responsible for administering Title IV, which established an insurance program for certain benefits provided by specified ERISA pension plans.

REPORTING AND DISCLOSURE STANDARDS

ERISA requires that plans disclose to participants and report to the Federal Government information about plan provisions and financial status. Certain plans must submit an annual report in the form of a financial statement; defined benefit plans must also submit a certified actuarial report. The report generally includes a statement of plan assets and liabilities, a statement of transactions involving conflict of interest situations, and other information regarding the administration of the plan. Annual report forms are simplified for small plans, and a number of paperwork reductions have been instituted since ERISA's passage in 1974.

The annual report is submitted to the Internal Revenue Service (IRS) and shared by the ERISA agencies. In fiscal year 1987, data indicate that DOL received over one million annual reports. This information is used for enforcement and research. The plan administrator also submits a summary of the annual report to plan participants and furnishes participants, beneficiaries and DOL with a summary plan description (SPD) written to be understood by the average person. The SPD contains a description of benefits, the requirements for eligibility and procedures for presenting claims for benefits. In addition, participants may request, and in some cases must be provided without a request, a statement of their individual benefits.

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[1] A study of Job Placement Systems for Older Workers, National Caucus and Center for Black Aging, September 1987.

MINIMUM STANDARDS FOR PARTICIPATION AND VESTING

IRS, for the most part, enforces the ERISA minimum standards for participation and vesting. ERISA restricts the age and service requirements which plans may impose as conditions for eligibility to participate in the employer's pension plan. The basic rule is that an employee cannot be denied membership in the plan, merely on account of age or service, if he or she is at least 21 years old and has worked for the employer for one year.

Other ERISA provisions govern when a plan participant must gain a nonforfeitable right to the portion of the retirement benefit provided by the employer's contributions to the plan. (Amounts attributable to the participant's own contributions are always nonforfeitable.) In this regard, the plan must provide that an employee gain a nonforfeitable right to this portion of his or her retirement benefit at a rate which is not less generous than one of the four schedules set forth in ERISA. The Tax Reform Act of 1986 established new schedules which, for most plans, will provide a nonforfeitable right to a retirement benefit sooner than under the current schedules. The new schedules will be effective for plan years beginning after 1988.

ERISA also contains rules on the rate at which participants must be allowed to "accrue" a benefit, i.e., the rate at which they are considered to have "earned" a portion of their ultimate retirement benefit. These standards basically are relevant to pension plans which promise to provide participants a defined periodic payment upon retirement.

MINIMUM FUNDING STANDARD

ERISA sets forth rules for financing pension benefits. For plans which promise participants a defined periodic payment upon retirement, the employer's contributions are determined actuarially. Certain assumptions of mortality, interest and turnover rates are used to calculate how much should be contributed to provide the benefits promised by the plan. ERISA provides rules governing what types of actuarial assumptions and funding methods are appropriate and establishes penalties for failures to comply with these standards. These funding rules are enforced by IRS.

FIDUCIARY STANDARDS

ERISA sets forth certain standards regarding the investment and utilization of plan assets with which fiduciaries of employee benefit plans must comply. These standards include the requirements that plan assets be invested "solely in the interest" of plan participants and beneficiaries, and that plans be maintained for the exclusive benefit of the participants and their beneficiaries. ERISA provides that fiduciaries must adhere to standards regarding the safeguarding and diversification of plan assets that would be followed by a "prudent" investor. ERISA also set forth certain rules governing activities that (unless specifically exempted) may not be carried out by certain individuals and groups (including fiduciaries) who, because of the potential for conflict with the interests of the plan, might cause the plan to operate in their own interests. These activities are known as "prohibited transactions," and persons who violate the rules are subject to an excise tax imposed by IRS.

Civil actions may be brought by the Secretary of Labor or by plan participants and beneficiaries for violations of Title I of ERISA. DOL places great emphasis on enforcing the fiduciary provisions of the Act. In fiscal year 1987, it recovered over $117 million for employee benefit plans through a combination of litigation and voluntary compliance. Under voluntary compliance, breaches of fiduciary duty are corrected through voluntary settlement agreements with plan officials. More than $78 million was recovered through voluntary compliance and over $39 million through litigation. Potential criminal violations involving employee benefit plans are investigated by either PWBA or the Inspector General's Office of Labor Racketeering and ultimately may be referred to the Department of Justice for prosecution.

PLAN TERMINATION INSURANCE

Title IV of Erisa establishes a benefit insurance program administered by PBGC, an independent nonprofit entity with a board of directors consisting of the Secretaries of Labor, Commerce, and the Treasury. This insurance program is applicable only to pension plans which promise a defined benefit upon a participant's retirement. Employers who maintain these plans are required to pay an annual per-participant premium to PBGC to finance this coverage.

The guarantee program differs according to the number of employers maintaining the plan. In the case of a single-employer plan, PBGC will guarantee, up to a prescribed level, the payment of a participant's nonforfeitable benefit if the plan terminates with insufficient assets to pay these benefits. In the case of a multi-employer plan, PBGC guarantees benefits up to a prescribed level which is lower than the level which is lower than the level guaranteed to single-employer plans. In this case, it is the inability of the plan to pay participants their guaranteed amounts, not plan termination, that triggers financial assistance.

RESEARCH AND DEVELOPMENT

PWBA conducts a coordinated program of research through contracts and inhouse studies. the research program develops data on employee benefit plans which can be used as the basis for program modifications or policy decisions. It also analyzes economic issues related to retirement decisions and income and to the performance and effect of private pension plans in financial markets. The following studies were completed in fiscal year 1987:

(1) Analysis of pension benefit formulas, pension wealth, and incentives from pensions, and

(2) Keypunch and edit of a study of a sample of 1982 annual reports.

In addition, one internal study is in process:

(1) Update of the Handbook of Pension Statistics.

Finally, the following research contracts were awarded, but not completed, in fiscal year 1987:

(1) A study of pension portability,

(2) Construction of a data set to analyze detailed provisions of employer-sponsored pension and health programs,

(3) Census survey current population supplement on employer-provided retiree health benefits,

(4) Census survey current population supplement on employer-provided pensions and health benefits for employed workers, and

(5) Keypunch and edit of samples of 1983 and 1984 Form 5500s.

INQUIRIES

PWBA publishes literature and audio-visual materials which explain in some depth provisions of ERISA, procedures for plans to effect compliance with the act, and the rights and protections afforded participants and beneficiaries under the law. In addition, PWBA deals with many inquiries from older workers. During fiscal year 1987, the national office staff responded to over 33,000 inquiries from plan participants, beneficiaries and other persons interested in the administration of plans. Among the publications disseminated, the following are designed exclusively to assist the public in understanding the law and how their pension plans operate:

—What You Should know About the Pension and Welfare Law.
—Know Your Pension Plan.
—How to File a Claim for Benefits.
—Often Asked Questions About ERISA.
—Retirement Equity Act; Its Impact on Women.
—How to Obtain Employee Benefit Documents from the Labor Department.

ITEM 11. DEPARTMENT OF STATE

OCTOBER 14, 1987.

DEAR MR. CHAIRMAN: I have been asked to respond to your September 14 letter to Secretary Shultz in which you requested the Department of State's submission to the Senate Special Committee on Aging's annual report, Developments in Aging.

The Department of State is not involved in any activities, programs, services or grants affecting older Americans as defined in Section 203 of the Older Americans Act of 1965 and in the guidelines set out in your Committee report, entitled Developments in Aging: Part II. The Department of State is active in three program or service capacities beyond your guidelines which directly affect older Americans. I have enclosed a description of those programs.

With best wishes,

Sincerely,

J. EDWARD FOX,
Assistant Secretary, Legislative Affairs.

Enclosure:

The Department of State is active in three programs or service capacities that directly affect older Americans. Each is described below.

Assistance to Older Americans.—Embassies and Consulates of the United States assist thousands of Social Security beneficiaries residing overseas, by (1) aiding the Social Security Administration in distributing benefit checks, and (2) providing a point of contract between Americans retired overseas and the Social Security Administration and other U.S. Government service agencies.

Advice for Senior Citizen Travelers.—As a public service, the Department publishes a pamphlet called Travel Tips for Senior Citizens, which offers advice to older people contemplating foreign travel. The pamphlet contains recommendations specifically directed to them.

Employment.—The Department of State conscientiously seeks to be a nondiscriminatory employer, and to eliminate barriers to the hiring or advancement of older Americans.

Retirement Counseling.—The Department of State assists its employees in the transition from full-time government employment to retirement, through the provision of retirement planning seminars. All employees within 5 years of eligibility for retirement may attend periodic retirement seminars. The Department sponsored four such seminars in fiscal year 1987 attended in all by approximately 500 employees. The staff of the Bureau of Personnel also provide confidential advice and counsel to employees considering retirement.

In addition, employees who are within 1 year of qualifying for retirement and want to seek a second career are eligible to receive intensive counseling and training ranging from personal assessment to job search techniques such as resume preparation, interviewing techniques, networking, and other aspects of the job search process. They also are eligible for outplacement assistance including registration in a job talent bank maintained by the Department.

ITEM 12. DEPARTMENT OF TRANSPORTATION

DEAR SENATOR MELCHER: I am pleased to forward to you the enclosed report which summarizes significant actions taken by this Department during fiscal year 1987 to improve transportation facilities and services for older Americans. The report is being forwarded in response to your letter to Secretary Dole, requesting information for Part 2 of the Committee's annual report, *Developments in Aging.* I hope you will find this information helpful.

If we can assist you further, please let us know.

Sincerely,

MATTHEW V. SCOCOZZA,
Assistant Secretary for Policy and International Affairs.

Enclosure.

SUMMARY OF ACTIVITIES TO IMPROVE TRANSPORTATION SERVICES FOR THE ELDERLY

INTRODUCTION

The following is a summary of significant actions taken by the U.S. Department of Transportation during fiscal year 1987 to improve transportation for elderly persons.[1]

POLICIES

Federal Railroad Administration

Amtrak continued throughout fiscal year 1987 its system-wide policy of offering to handicapped and elderly persons a 25 percent discount on one-way purchases, with the exception of certain peak travel days. Senior citizens and handicapped passengers are not permitted to combine their 25-percent discount with any other discounts.

Amtrak also provides on-demand special services, such as special food service, facilities for handling reservations for the hearing impaired, special equipment handling, and provision of wheelchairs and assistance in boarding and deboarding of elderly and handicapped passengers, who either inform the ticket agent of their needs at the time they book their reservations or call the railroad station in advance of their travel.

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[1] Many of the activities highlighted in this report are directed toward the needs of handicapped persons. However, one-third of the elderly are handicapped and thus will be major beneficiaries of these activities.

Urban Mass Transportation Administration

The Urban Mass Transportation Administration (UMTA) is the lead agency in an interdepartmental working relationship between the Department of Transportation (DOT) and the Department of Health and Human Services (DHHS). Under the terms of the interagency agreement, a staff working group has been established, and a formal executive level DOT/DHHS Transportation Coordination Council has been formed. The Council meets biannually, and held its second meeting on November 3, 1987. The Council has directed that regional initiatives be undertaken in each Federal region. Federal Regional staff from both Departments are working with state program administrators to identify barriers to coordination in federally supported programs and to encourage state and local efforts to coordinate funding for specialized transportation services. The liaison between these two Departments will increase the mobility of elderly Americans by improving the coordination and effective use of transportation resources of both Departments.

CAPITAL AND OPERATING ASSISTANCE

Urban Mass Transportation Administration

Under section 16(b)(2) of the Urban Mass Transportation Act, UMTA provides assistance to private nonprofit organizations for the provision of transportation services for the elderly and persons with disabilities. In fiscal year 1987, over $35.8 million was used to assist in the purchase of 1,549 vehicles for the provision of transportation services for these persons.

Under section 18 of the Urban Mass Transportation Act, UMTA obligated $77 million to states in fiscal year 1987. These funds were to be used for capital, operating and administrative expenditures by state and local agencies, nonprofit organizations and operators of transportation services to provide public transportation services in rural and small urban areas under 50,000 population. While section 18 services must be open to the general public, a significant percentage of passengers served are elderly persons and persons with disabilities.

RESEARCH AND TECHNICAL ASSISTANCE

Federal Highway Administration

The FHWA's Office of Safety and Traffic Operations Research and Development worked with the American Association of Retired Persons and developed a slide-tape presentation focusing on safety problems encountered by elderly pedestrians and concluding with practical information for them. Throughout the presentation, the emphasis is on informing elderly persons of their special safety problems and on presenting positive actions they can take to enhance their safety and mobility.

In addition, the Office has underway "Operation Pedsaver" to develop a national emphasis program on pedestrain safety. Because the elderly are over-represented in pedestrain accidents, they are one of the target groups of this effort.

Coordinated Program Addressing Problems of the Elderly Driver and Pedestrian is the title of a research project initiated in fiscal year 1986 to develop a report on problems often encountered by elderly drivers and pedestrians. A synthesis was developed and provided to FHWA field officers and other interested parties in July 1987.

The FHWA is working on a project to produce a handbook compiling information on planning, design, and maintenance of pedestrian facilities. One of the areas covered is design features required to accommodate elderly and handicapped pedestrians.

Accessible Networks for Elderly and Handicapped Pedestrians is the title of a project under which the concept of a priority accessible network (PAN) has been developed to address the problem of a accommodating elderly and handicapped pedestrians. An existing manual outlining the process of developing PAN's was tested in a number of cities. A manual based on experiences in these cities, as well as in other cities that used the manual, has been completed.

A study entitled *Improving Safety and Mobility for Older People,* initiated in June 1986, will examine available research data, evaluate public policy questions, recommend improvements, and identify and recommend promising areas for continued research on the needs of the elderly in traffic and procedures to meet those needs. The expert committee conducting the study will, in addition to the above, identify and recommend promising measures to improve highways, vehicles, and licensing of vehicles. The study is expected to be completed in the summer of 1988.

Traffic Control Design Elements for Accommodating Drivers With Diminished Capability is the title of a study that will determine the extent that drivers with diminished capability are being adequately accommodated by the current generation of traffic control devices, and whether the special needs of these motorists are being met by traffic control design criteria. It is expected that recommendations for meeting these needs will be developed. The project is scheduled to be completed in the winter of 1989.

The FHWA's Office of Highway Safety has initiated action to implement Section 203(d) of the Surface Transportation and Uniform Relocation Assistance Act of 1987. This section required implementation of a pilot program of highway safety improvements to enhance the safety and mobility of older drivers. Following a solicitation of interest for states to participate in the program, information has been provided to FHWA field offices to guide participating states in developing their program.

National Highway Traffic Safety Administration

The National Highway Traffic Safety Administration is one of several sponsors of "Improving Safety and Mobility of Older Persons," a $450,000, 2-year study managed by the National Academy of Sciences and the Transportation Research Board. Subcommittees of experts are addressing mobility, roadway environment, vehicles, and driver/pedestrian behavior, looking at disabilities among older persons, assessing current and future design, management, institutional, and other factors that seem likely to reduce the incidence and consequences of crashes. The study will identify professional practices and public policies that can resolve the problems of mobility for the elderly. It will also recommend future promising research topics.

Another study is underway to develop a methodology for evaluating vehicle rearview mirror systems. One of the evaluation criteria to be used in the tests will be the extent to which elderly drivers may have difficulty in using various rearview mirror systems.

In planned research related to the development of vehicle headlamp performance standards, the effects of glare on different age populations, including the elderly, will be considered in the development of criteria for acceptability of headlamp systems. Glare from oncoming vehicle headlights is a particularly serious problem for older drivers.

Urban Mass Transportation Administration

The Rural Transit Assistance Program (RTAP) was authorized and implemented in Fiscal Year 1987. The $5 million a year program provides training, technical assistance, research, and related support services for public transportation in rural and small urban areas. The Urban Mass Transportation Administration encourages the states, which receive 85 percent of the RTAP funds through formula apportionment, to use RTAP resources to support efforts to coordinate funding for human service and general public transportation. The remaining 15 percent was used to fund a $750,000 grant to the American Public Works Association to develop training materials and provide technical support for RTAP.

UMTA provided funds to the Nassau County Planning Department which was used to purchase a 15 passenger van-bus for the Great Neck Senior Citizens Center to provide transportation for senior citizen activities. The County will purchase and evaluate an extended maintenance contract to aid UMTA in assessing the efficacy of using extended warranties.

A $100,000 grant, jointly funded by UMTA and DHHS was awarded to the Alabama Highway Department on behalf of the Region IV Transportation Consortium. The Consortium is an eight State cooperative effort in Region IV to coordinate technical assistance, identify and remove barriers to coordinated transportation services funded by the two departments.

A $30,000 Congressionally mandated study will examine the relationship between the provision of public transportation and the mobility and life style of elderly and handicapped persons. Data will be collected through a literature search and the development of several profiles of handicapped individuals and the use they make of available transportation services to integrate themselves into society. Case studies will also be carried out in two communities having varying levels of transit services for mobility limited persons.

Research and Special Program Administration

The Transportation Systems Center (TSC) of the Research and Special Program Administration (RASPA) initiated a study of route abandonments in the intercity bus industry which have resulted in the loss of transportation services for the elderly and other population groups. The abandoned routes, typically, are those that had gone through small communities located between larger cities. The research will determine if any transportation alternatives exist for the elderly and other individuals in many of these communities, and if these abandonments have led to other "dislocations" in their lives.

TSC initiated a study to assess the economic impact of the withdrawal of what is called Essential Air Services (EAS) provided to many communities under the EAS Act. Communities will lose this air service if the Federal Government subsidy to airlines for this service, a provision of the EAS Act, is withdrawn. TSC had assembled for this analysis a sample of representative EAS points and provided estimates of the direct economic benefit of this airway services for the elderly and other travelers residing in communities that have received EAS.

INFORMATION DISSEMINATION

Office of the Secretary of Transportation

I. The Technology Sharing Program continues to disseminate a variety of federally developed products dealing with better management and improved services for rural and specialized transit systems which serve the elderly. Most of this is done in concert with the department's operating administrations.

—Working with UMTA's Office of Technical Assistance, the program disseminated two reports of a Syracuse University study on how to better use volunteers in providing specialized transportation services and in low density areas. The reports, entitled *Voluntaryism in Public Transportation* and *Financing and Sustaining Mobility Programs in Rural Areas,* were based upon the experiences of 20 systems nationwide which use volunteers to offset at least 10 percent of their costs.

—Another report disseminated in conjunction with UMTA's Office of Technical Assistance, is entitled *Proceedings of the National Workshop on Bus-Wheelchair Accessibility.* This report describes a variety of experiences with wheelchair accessible bus and paratransit systems. A set of guideline specifications for wheelchair lifts and ramps has been developed and is being disseminated directly by UMTA.

—The program disseminated two studies on the marketing of rural and specialized transit services. *The Idaho Rural/Small City Cooperative Transportation Marketing Demonstration Project* summarizes the results of tn UMTA-sponsored marketing experiment in three small Idaho cities with a fair number of elderly users. *Marketing Manual for Shared-Ride Taxi Systems in Wisconsin* was developed by Wisconsin DOT for taxi operators who want to serve untapped markets (including the elderly and handicapped) in small towns.

II. The Technology Sharing Program is supporting the initiatives of the DOT/DHHS Coordinating Council by making copies of the *Directory of Rural and Specialized Transit Operators* available in bulk to the Administration on Aging (AOA). AOA will use the directory in conjunction with a series of regional seminars on networking which it is conducting. DHHS is supplying mailing lists to send out announcement cards for the *Rural Transportation Accounting* Manual noted above. And, based on the reactions to the manual, the two agencies are considering issuance of field guidance endorsing the approach taken in the manual. Reprints of classic elderly/handicapped studies and manuals are being explored to further support the joint work.

National Highway Traffic Safety Administration

"Safe Rides for Long Lives," a slide/tape educational presentation on the benefits of safety belt use for older persons, was shown at the National Council on Aging Annual Convention's Film Festival, held in Washington, DC in April 1987.

The agency is helping to sponsor the national Safety Council's Walk Alert Program whose initial goal is to establish networks in 5–8 States for delivering the most effective pedestrian safety messages and materials to selected high risk target audiences, including school-aged youth and the elderly. In addition, NHTSA is working with other national organization, such as the American Association of Retired Persons and the American Automobile Association, to distribute traffic safety information to older drivers, passengers and pedestrians.

Urban Mass Transportation Administration

During fiscal year 1987, the Council of State Governments, supported by a grant from UMTA, held a Symposium on Rural Public Transportation, conducted a survey of state practices on coordination, and published a report entitled *Coordinating Rural Transit.* The project stimulated discussion and synthesized current practices in the area of coordination of human services transportation, particularly in rural areas.

Transit agencies, social service providers and transit accessibility equipment manufacturers, are currently utilizing a set of guideline specifications for wheelchair lifts, ramps, and securement devices distributed by UMTA during the year. The guideline specifications were reviewed by participants in the Bus Wheelchair Accessbility Workshop held in Seattle, WA in 1986.

ITEM 13. DEPARTMENT OF THE TREASURY

DECEMBER 22, 1987.

DEAR MR. CHAIRMAN: I am pleased to submit, for inclusion in *Developments in Aging,* the Treasury's report on the Department's activities during 1987 which affected the aged. I hope our report will be of use to the Special Committee on Aging and others studying the problems faced by older Americans.

Sincerely,

JOHN K. MEAGHER,
Assistant Secretary (Legislative Affairs).

Enclosure.

TREASURY ACTIVITIES IN FISCAL YEAR 1987 AFFECTING THE AGED

The Treasury Department recognizes the importance and the special concerns of older Americans, a group that will comprise an increasing proportion of the population in decades ahead.

The Secretary of the Treasury is Managing Trustee of the Social Security trust funds. The short- and long-run financial status of these trust funds is presented in annual reports issued by the Trustees. The 1987 reports concluded that Old-Age and Survivors Insurance and Disability Insurance benefits can be paid on time well into the next century. In contrast, the financial outlook for Medicare, in particular Hospital Insurance (or Part A), may become troublesome in the next decade. In this event some Congressional action may be needed in the next several years.

The Treasury Department is the Executive Branch agency responsible for developing the Administration's tax policy proposals. Based in part on the Department's efforts, the President last year signed into law the Tax Reform Act of 1986. Federal individual income taxes for 1987 reflect a partial phasein of changes made by the Tax Reform Act; most of the remaining changes will become effective for 1988. Most taxpayers, including the elderly, will be affected by Tax Reform Act changes, under which the tax system is being made fairer and income tax burdens are being lowered for most Americans. The elderly will benefit from almost-doubled personal exemptions, higher standard deductions, and lower tax rates.

Under the Tax Reform Act, taxpayers age 65 or over (or taxpayers who are blind) will be entitled to a larger standard deduction than other taxpayers. This provision replaces the extra personal exemption to which the elderly were previously entitled. Beginning in 1987, each taxpayer who is at least 65 years old and single is entitled to an extra $750 standard deduction. Each married taxpayer over 65 is entitled to an extra $600 so that a married couple both over 65 will be entitled to $1,200. Beginning in 1989, these extra amounts will be indexed to reflect the effects of inflation.

For 1987, the elderly (and/or blind) are entitled to the larger basic standard deduction that will not become available to other taxpayers until 1988. Elderly taxpayers whose filing status is "single" will be entitled to a basic standard deduction of $3,000, which is $460 more than the $2,540 permitted nonelderly single taxpayers. Elderly "heads of household" will be allowed $4,400 instead of $2,540, an extra $1,860. Married couples at least one of whom is over 65 and who file a joint return will be entitled to a basic standard deduction of $5,000 instead of $3,760, an extra $1,240. Married persons filing separately will have a standard deduction of $2,500 instead of $1,880, an extra $620. All of these amounts will be augmented by the $600 or $750 for each elderly taxpayer (depending on marital status) of extra standard deduction mentioned above. Beginning in 1989, the basic amounts of the standard deduction will be indexed to reflect the effects of inflation.

The Tax Reform Act retained the other special provisions for elderly taxpayers: The tax credit for the elderly (and permanently disabled); and the one-time exclusion of the first $125,000 of profit from the sale of the personal residence of a taxpayer over age 55.

INTERNAL REVENUE SERVICE ACTIVITIES AFFECTING THE AGED

The Internal Revenue Service places considerable emphasis on informing older Americans of their tax rights and responsibilities and providing them with assistance. IRS also continues to make special efforts to inform those individuals who, because of immobility, impaired health, or other factors, may miss out on benefits to which they are entitled unless IRS reaches them directly. The major programs in this effort are described below:

> The focus of the *Tax Counseling for the Elderly (TCE)* program is free, convenient, tax assistance to older taxpayers. In fiscal year 1986, the TCE Program was expanded to include telephone service. Sponsors were given the option to operate telephone answering sites to assist the elderly with tax questions, help with forms and schedule appointments. The IRS contracts with nonprofit organizations whose members will be trained and then act as volunteer tax assistors. Although the service is free to the taxpayer, under the contractual agreement volunteers are reimbursed for their out-of-pocket expenses incurred while traveling to community assistance sites or residences for the elderly. IRS assistance to older Americans through the TCE program has been growing since the program's inception in 1980. In 1987, 18,000 volunteers assisted 885,000 taxpayers and prepared 331,000 Federal returns.
>
> *The Volunteer Income Tax Assistance (VITA)* program provides tax assistance to targeted groups including the aged. Volunteers are trained by the IRS and offer their services to taxpayers needing assistance. This service is free to the taxpayer. Many VITA volunteers also helped the elderly in preparing their State and local returns. In addition, volunteers helped older taxpayers to compute their estimated tax for the upcoming tax filing season. In 1987, 38,000 volunteers helped 884,000 taxpayers, preparing some 337,000 Federal returns.
>
> *The Small Business Workshop* program is designed to assist taxpayers with information they need to begin a business. Although the program is designed for the general public, the elderly can also avail themselves of this service, and do, when beginning second careers. To accomplish the IRS Strategic Initiative to expand tax education of the self-employed, 16 recommendations are being acted on to implement this initiative. They include, for example, a direct mail campaign to self-employed persons, and a workshop for "home based business". These recommendations are designed to help all self-employed persons, but older self-employed taxpayers will also benefit from these recommendations. In 1987, 41,000 small business taxpayers attended 1,500 workshops.
>
> As part of the *Library* program, the IRS supplies libraries nationwide with free tax aids such as reproducible tax forms, reference publications, and audiovisual materials on the preparation of Forms 1040, 1040A, 1040EZ and related schedules. The aged may make use of these items at any of the approximately 18,000 participating libraries.
>
> *Community Outreach Tax Assistance* provides taxpayers with group income tax return preparation assistance and tax information seminars. These seminars are presented by IRS employees and volunteers at community locations. Although directed to lower-income and middle-income taxpayers, regardless of age, issues affecting the aged can be addressed at these sessions and frequently are, wherever older Americans are assembled, including senior citizens centers and retirement planning programs. Over 900,000 people attended nearly 18,000 outreach sessions and seminars in 1987.

The Internal Revenue Service issues a large number of taxpayer information materials for dissemination to the media for the public through field offices and national media. These materials, which contain specific information for the elderly, include IRS publications, taxpayer information materials, drop-in public service advertisements and tax supplements as described below:

> Publication 910, "Guide to Free Tax Service," describes the free tax services available from the Internal Revenue Service. The publication includes information on free tax publications; toll-free telephone service, including recorded tax information and automated refund information; education programs, such as Small Business Workshops; and films that are available for loan to groups.
>
> It also contains tips on filing tax returns, information about IRS programs such as electronic tax filing and the Problem Resolution Program, and other information, such as how to check the status of a refund. A list of toll-free phone

numbers, Tele-Tax phone numbers, subjects, and tape numbers, and instructions for using the Automatic Refund Information System are included.

The following are publications that Older Americans may order:

Publication 915, "Social Security Benefits and Equivalent Tier I Railroad Retirement Benefits," assists taxpayers in determining the taxability, if any, of benefits received from Social Security and Tier I Railroad Retirement.

Publication 523, "Tax Information on Selling Your Home," provides that persons 55 years of age or older are allowed a once-in-a-lifetime exclusion of up to $125,000 of the gain on the sale of their personal residence.

Publication 524, "Credit for the Elderly or the Permanently and Totally Disabled," provides that individuals 65 and over are able to take the Credit for the Elderly or the Permanently and Totally Disabled, reducing taxes owed by $750 for single persons and $1,125 for married couples filing a joint return. In addition, individuals under 65 who retire with a permanent and total disability and recieve taxable income from a public or private employer because of that disability will be eligible for the credit.

Publication 554, "Tax Information for Older Americans," provides that single taxpayers age 65 and over are not required to file a Federal income tax return unless their income for the year was $5,650 or more (as compared to $4,440 or more for single taxpayers under age 65). Married taxpayers who filed a joint return are not required to file unless their joint income for the year was $9,400 or more if one of the spouses is 65 or over, or $10,000 if both spouses are 65 or over.

Publication 907, "Tax Information for Handicapped and Disabled Individuals," covers tax issues of particular interest to handicapped and disabled persons and to taxpayers with disabled dependents.

Publication 721, "Comprehensive Tax Guide to U.S. Civil Service Retirement Benefits," and Publication 575, "Pension and Annuity Income," provide information on the tax treatment of retirement income.

All publications are available free of charge. They can be obtained from IRS by using the order form found in Publication 910, the tax forms packages or by calling the IRS Tax Forms number listed in the telephone directory. Many libraries, banks, and post offices stock the most frequently requested forms, schedules, instructions, and publications for taxpayers to come in and pick up. In addition, many libraries stock a reference set of IRS publications and a set of reproducible tax forms.

Taxpayer Information materials are being continually developed and distributed to the field for release to local and specialized media as well as release by the National Office to national media. Many of the subjects covered are listed below:

—Once-in-a-lifetime exclusion of gain on the sale of residence;
—Higher standard deduction, for 65 and over;
—Federal Tax Withholding on pension payments;
—IRS cautions senior citizens about fraudulent tax schemes;
—Reviewing tax status of pensions and annuities of retirees;
—Special tax advice for senior citizens;
—Retired taxpayers and estimated tax payments;
—Estimated tax penalty waivers;
—Taxability of some Social Security benefits (Also in Spanish);
—Tax Counseling for the Elderly (Also in Spanish);
—Taxpayer assistance (Also in Spanish);
—VITA (Also in Spanish);
—Publication 910;
—Availability of free tax help for senior citizens;
—Outreach;
—Older taxpayers' need to file, or not to file, tax returns;
—Revision of Form W-4P, "Withholding Certificate for Pension or Annuity Payments," and
—The 1986 Tax Reform Act tax changes affecting older Americans.

The annual Tax Supplement is prepared and distributed to newspapers across the country. The Tax Supplement contains camera ready articles and graphics designed for immediate use. Some of the articles contain information specifically geared to older taxpayers. In 1987, over 900 newspapers printed a Tax Supplement during the filing season, reaching 23 million taxpayers.

Packets containing filing and non-filing season Drop-In Ads are distributed to magazines and newspapers across the country. These ads are camera-ready items and advertise the services provided to taxpayers. Some of the ads contain information directly related to the needs of the elderly. Ads are also produced in Spanish to reach the Hispanic population nationwide.

In 1987, 4,573 ads were placed in local and national publications reaching 94 million taxpayers. Some of the magazines in which these ads appeared include Time, Sport Illustrated, and Family Circle. The advertising value of the ads placed totaled $4.8 million.

The IRS uses the electronic and print media and specialized newsletter and organizations serving older Americans to communicate information of interest to the aged. Important examples of this service are noted here:

—The TV Tax Clinic Broadcast over 175 TV stations on February 1, 1987, had over 4 million viewers. It contained a segment which covered special benefits for older Americans.

—A New Legislation video stresses the fact that the exclusion of gain on the sale of a home deduction has not been affected by the Tax Reform Act of 1986.

—A video news release was prepared to alert older Americans to the tax benefits available to them.

—A Spanish Tax Clinic broadcast over the Univision network also covered special benefits for the elderly and was viewed by 1.2 million viewers.

—A 15-minute videotape entitled "Taxes, Retirement and You" covers all kinds of tax information and is geared strictly to older Americans.

—A 90-second consumer-oriented radio news brief series on the elderly was made available to the radio media for recording and broadcast during the week of May 26–June 2, 1987.

—A 30-second television and 20-second radio public service announcement in both English and Spanish were produced on the Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) programs. A 30-second country radio PSA on the same subject was also produced.

Activities in the area of tax forms development of special interest to older taxpayers in fiscal year 1987 include:

The Form 1040 instructions informed Social Security recipients that if their payments exceeded their benefits for the year, they may be able to deduct part of their excess repayments.

The instructions for Schedule R (Form 1040), "Credit for the Elderly and the Permanently and Totally Disabled," include information regarding the income levels at which taxpayers may not be able to take the credit. This information was included to make it easier for taxpayers to determine if they qualify for the credit.

OTHER TREASURY ACTIVITIES AFFECTING THE AGED

Other agencies of the Treasury also have an impact on the elderly as part of their specific functions. Developments during 1987 are summarized below:

During 1987, the Financial Management Service (FMS) promoted the benefits of Direct Deposit/Electronic Funds Transfer (DD/EFT) by enclosing inserts with recurring benefit checks (e.g., Railroad Retirement and Civil Service Retirement, Social Security, etc.) during the months of March and September. The inserts serve as marketing aids to promote the convenience, safety, and reliability of depositing Government payments into personal checking or savings accounts through the use of the Direct Deposit Program.

The Administration on Aging (AOA) recognizes May as Older Americans Month. AOA's theme for May 1987 was, "Make Your Community Work for Older People." FMS developed a promotional message which combined the theme and the benefits of Direct Deposit. The message appeared on the back of the check envelopes for May 1987 benefit payments (approximately 32 million recipients).

In July 1987, representatives of FMS attended the annual meeting of the National Council of Senior Citizens, and displayed a Direct Deposit Program exhibit. Throughout the year, regional FMS staff represented the Direct Deposit Program by attending and participating in numerous senior citizen awareness meetings and expositions across the country. In 1988, FMS will continue to encourage participation in Direct Deposit through similar activities.

During fiscal year 1987, the U.S. Savings Bonds Division continued its efforts to provide important information about Bonds to older Americans. These efforts included advising the news media, financial institutions, and major national organizations—such as the American Association of Retired Persons—of the current interest rates, tax implications, exchange privileges, and maturity status of Bonds, particularly those purchased in the 1940's. In addition, the Division's toll-free telephone message (800-US-BONDS) was frequently updated making it easier for elderly and less mobile citizens to get current information and assistance. In fiscal year 1988, additional convenient methods for buying Bonds will be pilot-tested, including direct mail via an IRS check stuffer and telemarketing using credit cards.

In January 1987, the Bureau of the Public Debt began converting book-entry Treasury bill accounts held directly for investors into the TREASURY DIRECT Book-entry Securities System. The conversion, to be completed in December 1987, will improve service to investors in Marketable Treasury securities, many of whom are older Americans.

Conversion to TREASURY DIRECT also speeds responses to requests for account information and transaction since they may be directed to either the Bureau or a regional Federal Reserve Bank. As these bills mature, TREASURY DIRECT for up to 2 years. By scheduling reinvestment preferences in advance, investors no longer need to be concerned about completing a reinvestment request each time they want to reinvest a maturing bill.

In April 1987, the Bureau completed renovation to its walkin customer service facility. Investors in the Washington Metropolitan Area can conduct a variety of transactions involving Treasury securities at this facility. The renovation increased the number of customer windows and the size of the lobby area. All of our walk-in customers, but particularly the elderly, benefitted from the addtitional seating and customer windows.

Federal Reserve Banks are now permitted to process the reinvestment of maturing Series H bonds to Series HH bonds rather than requiring that they be sent to the Bureau. This provides services at a closer location and in a more timely manner. Many older citizens have invested in HH/H savings bonds as a source of supplemental income in their retirement years.

Several internal procedures have been streamlined to improve the processing of reissue cases. Authority has been delegated to the Federal Reserve Banks for the processing of reissues to trusts. Older citizens should find it easier and less time-consuming to make related adjustments in their holdings.

Requests have been received from older citizens for verification of income derived from current income holdings so that they may qualify for subsidized housing and Urban Development. These requests are processed as quickly as possible in an effort to ensure that the information is provided by the required date.

The Office of Consumer Affairs continues to serve as the liaison between the Department of the Treasury and individual senior citizens and senior citizen organizations, assisting them in determining which office or department can best answer their questions or help to solve their problems. This Office works with groups concerned with senior citizens and issues that affect the elderly. The office coordinated Secretary Baker's participation in the American Association of Retired Persons' issues Forum where he discussed Administration and Treasury programs and policies of mutual concern with the Association's Board Members and senior staff. The program was videotaped for distribution to the organization's area offices. The topics discussed included reduction of the budget deficit, trade and the world economic environment, and sustained and non-inflationary economic growth. An informal question and answer session followed the presentation.

During 1987, the Office of the Comptroller of the Currency (OCC) continued its active liaison with national based organizations including those representing the aged to share information about banking related issues. Additionally, during 1987 each of the OCC's district offices began developing an outreach program for purposes of contacting and meeting with local consumer and community groups to share information about banking related issues. Organizations representing the elderly were among those contacted.

In April 1987, a representative of the OCC also participated in a symposium sponsored by the American Association of Retired Persons, "The Equal Credit Opportunity Act and its Impact on the Older Consumer."

The OCC continued to enforce the Equal Credit Opportunity Act and Regulation B as part of its responsibility for ensuring a high level of compliance with law by national banks throughout the year. The Equal Credit Opportunity Act is particularly relevant because it prohibits discrimination in credit transactions because of age, provided the applicant has the capacity to enter into a binding contract. Enforcement of the law is carried out during examinations of national banks.

The OCC also is responsible for resolving complaints against national banks. Through the first nine months of 1987, the OCC has processed over 11,000 complaints, including three complaints alleging age discrimination.

The Treasury also continued to protect elderly recipients of Government payments through the vigilance of the Secret Service. During fiscal year 1987, the Service closed 65,060 social security check forgery cases and 9,588 supplemental security income forgery cases. Most of these checks were issued to retirees. Approximately 89 percent of all check cases were cleared, that is, the identity of the forger was discovered.

In calendar year 1987, the Bureau of Engraving and Printing modified the Raoul Wallenburg entrance to the Bureau by constructing additional stanchions and railings on the steps leading into and out of the facility. The purpose of this modification was to provide additional hand supports to citizens entering and exiting the Bureau's Visitor's Center.

The Bureau's efforts to assist the elderly in its public tour and Visitor's Center also include the following regular features:

—Tour guides are available to provide assistance to visitors who have infirmities or need special attention.

—Wheelchairs are available should the need arise.

—Ramps and wide entrances are in place to permit easy movement of persons in wheelchairs or walkers.

—Restrooms accommodate wheelchairs and similar walking aids.

—The tour staff, medical and police units are trained to respond to medical emergencies, specifically in the tour gallery. Cardiopulmonary Resuscitation (CPR) training is required for all tour guides.

The Department sponsored a Pre-Retirement Seminar for Treasury employees nearing retirement. The program consisted of several half-day sessions and covered topics such as retirement benefits, investment opportunities and strategies for older people, health and fitness concerns of older Americans, and other topics related to the lifestyles of older persons.

The Federal Employees' Part-Time Career Employment Act of 1979 continues to provide employment opportunities for older Americans, as well as other groups interested in less that full-time employment. Older Americans are a special target group for recruitment efforts to fill positions created under the Act.

The Department continues to vigorously enforce the age discrimination statutes to protect the interests of older employees and applicants for employment. During fiscal year 1987, the Department received 157 complaints which alleged discrimination on the basis of age. Of the 157 complaints filed during that period, 47 have been closed and the remaining cases are in various phases of the complaint processing system. Of the 47 cases closed, 60 percent were either settled or otherwise withdrawn by the complainant, which indicates a commitment by management officials to eradicate age discrimination from the workplace.

ITEM 14. ACTION

DECEMBER 18, 1987.

DEAR CHAIRMAN MELCHER: Thank you for your letter requesting ACTION's submission for *Developments In Aging*, the annual report of the Senate Special Committee on Aging. Enclosed please find ACTION's contribution to this important report.

ACTION's Older American Volunteer Programs (OAVP) serve to unit the time and energy of mature, experienced, and skilled people with unmet community and individual needs. Special emphasis is placed on serving the ill, the frail, the isolated elderly, and young people who are emotionally, mentally, or physically disabled. In fiscal year 1988, nearly 423,000 volunteers aged 60 and over will serve in the Older American Volunteer Programs, an increase of 9,000 volunteers over fiscal year 1987.

At ACTION, we are gratified that OAVP activities have been greatly expanded by the contributions of state and private sector funds to create OAVP type projects or to supplement existing ACTION projects.

The Older American Volunteer Programs have made special efforts to encourage members of minority groups to participate in volunteer activities in all three programs. Nearly 17 percent of the Retired Senior Volunteers and 40 percent of both the Foster Grandparents and Senior Companions are minorities. In fiscal year 1988, OAVP will continue to emphasize the recruitment of the physically and mentally disabled as volunteers. RSVP will expand recruitment of retired executives to serve nonprofit organizations and city governments.

I would like to take this opportunity to commend you and the Special Committee on Aging for the outstanding efforts you have demonstrated on behalf voluntarism and America's older population.

Sincerely,

DONNA M. ALVARADO.

FOSTER GRANDPARENT PROGRAM

The Foster Grandparent Program (FGP) is one of the most successful and respected volunteer efforts in the United States. Through FGP, low-income persons aged 60 and older provide person-to-person service to children with special or exceptional needs. The program's budget for fiscal year 1987 was $56.1 million.

In fiscal year 1987, there were 250 ACTION-funded FGP projects in all 50 States, the District of Columbia, Puerto Rico, and the Virgin Islands. In addition, there were 12 projects totally supported by State funds.

Some 19,000 volunteers contributed close to 20 million hours assisting children suffering from various disabilities—child abuse and neglect, physical and emotional handicaps, drug/alcohol abuse, mental retardation, illiteracy, and juvenile delinquency.

Foster Grandparents assist approximately 66,500 children every day. They serve 4 hours a day, 5 days a week. The program provides certain direct benefits to these low-income volunteers, including a stipend of $2.20 per hour, transportation and meal assistance when needed, insurance protection, and an annual physical examination.

Volunteer services are provided through designated volunteer stations in public and private nonprofit agencies—schools, hospitals, juvenile detention centers, Head Start programs shelters for neglected children, State schools for the mentally retarded, and drug abuse rehabilitation centers.

PROJECT EXAMPLES

In Altoona, PA, Foster Grandparents work in the high school's teenage-age parent program, which is designed to aid pregnant adolescents and teen parents cope with their responsibilities. Adolescent mothers are given the opportunity to complete their high school education. The Foster Grandparents provide the young mothers with parenting skills, tutor them in academic subjects, act as adult role models and help give the infants supervised, loving care.

In Charleston, WV, Foster Grandparents work with children between 15 and 18 years of age who are in a detention center. Foster Grandparents assigned to the incarcerated youth provide counseling and encourage the childrens' pro-social behavior. Some of these children have not previously attended school and are involved in education programs that are reinforced by their assigned Foster Grandparents.

In Fresno, CA, Foster Grandparents are placed in the Fresno County Valley Medical Center. The facility provides acute care to infants and younger children from low-income, migrant families. The children are mostly neglected, abandoned, and abused. Many of the children have been hospitalized repeatedly. The Foster Grandparents give loving care and reassurance, supervise the children at play, or accompany them for medical treatment.

NEW PROGRAMMING INITIATIVES

At-Risk Children

A new programming initiative began in fiscal year 1987 to promote the development and expansion of Foster Grandparent services to at-risk children. The targeted group is made up of children who are vulnerable to problems such as: Drug abuse, child abuse, teenage pregnancy, suicide, juvenile delinquency, or dropping out of school.

To accomplish this goal, 32 existing FGP projects were awarded challenge grants to establish special components that serve to address at-risk children. These projects are challenged to generate enough non-ACTION funding to support the components when ACTION funds are withdrawn at the end of the third year.

Non-Stipended Volunteers

FGP began implementing its new legislative authority to enroll non-stipended volunteers under certain circumstances. This mandate allows volunteers who do not meet the low-income criteria to participate in a non-stipended capacity. Final regulations were published in the Federal Register on August 26, 1987.

NON-ACTION FUNDING

A total of $23.1 million in non-ACTION funding was contributed to support FGP project operations. About $13.7 million came from 49 State governments, either through direct appropriations or contributions from State-funded agencies. The balance of $9.45 million was from county/city governments and private sector sources.

Total non-ACTION project funds represented approximately 41 percent of the total Federal appropriation for FGP in Fiscal year 1987. This funding has enabled FGP to expand services to about 7,000 children and increase volunteer participation by nearly 2,000 beyond the federal allotment. This represents close to 2 million hours of volunteer service totally supported by non-ACTION moneys.

Twelve non-ACTION funded FGP projects are operating in the country today: Seven in Michigan, one in Wisconsin, two in New Mexico, and two in Georgia.

Numbers and Characteristics of FGP Volunteers

[Distribution]

	Percent
By sex:	
Female	87
Male	13
By ethnic group:	
White	55
Black	33
Hispanic	8
Asian	2
Native American	2
By residence:	
Urban	57
Rural	43
By age:	
60 to 69	39
70 to 79	49
80 to 84	9
85 and over	3

Foster Grandparents with Handicaps: 9 percent.

Characteristics of children served by Foster Grandparents and volunteer stations.

Age of children:	
0 to 5	32
6 to 14	39
15 to 20	24
21+	5

A total of 42 percent of all children assigned Foster Grandparents are in residential settings. These facilities are generally classified as:

	Percent
Mentally retarded centers	46
Acute care hospitals	17
Correctional centers	12
Orthopedic centers	7
Mental health centers	7
Community Residential Facilities	5
Others not specified	6

A total of 57 percent of all children assigned Foster Grandparents are in nonresidential settings. These facilities are generally grouped as:

	Percent
Schools, grades K–12	48
Day care centers	27
Head Start programs	14
Court systems	1
Others not specified	10

Retired Senior Volunteer Program

In fiscal year 1987, with a budget of $29.6 million, the Retired Senior Volunteer Program (RSVP) completed its 16th successful year. There were 750 projects and 387,000 volunteers assigned to 47,200 community agencies nationwide. RSVP volunteers serve in courts, schools, museums, libraries, hospices, hospitals, nursing homes, and other service centers. Volunteers serve without compensation, but may be reimbursed for transportation expenses.

The program continues to expand its efforts to match resources to the diverse needs of hundreds of American communities by providing increased opportunities for retired persons aged 60 and older to serve their communities on a regular basis in a variety of settings.

Based on the minimum wage, RSVP volunteers' aggregate 72,300,000 hours of service have an estimated value of $242 million—a return of more than $8 for each $1 of taxpayers' money.

ACTION's current RSVP projects emphasize at-risk youth, literacy, drug abuse, in-home care, consumer education, crime prevention, and intergenerational assistance to private nonprofit and public agencies.

PROJECT EXAMPLES

In Wayne County, MI, about 20 RSVP volunteers serve through the Office of Substance Abuse Services (located in the Governor's office). These volunteers provide peer counseling on a one-to-one basis, counsel families and speak before senior groups on the misuse of drugs. In the same project, 30 RSVP volunteers have been trained in a substance abuse prevention program for the young through BABES (Beginning Alcohol Addictive Basic Education Study), a statewide effort. The trained volunteers present the BABES story to the pre-school and elementary school students, trying to change their attitudes about substance abuse. To appeal to the youngsters, the volunteers communicate their message in a 45-minute puppet show.

RSVP volunteers in West Palm Beach, FL have developed the Seniors vs. Crime Program with the local Junior League, the police department, crisis hot lines and the criminal court system. In the first quarter of operation, volunteers served 3,200 hours, handled 426 cases, and made 313 referrals to other agencies. Volunteers receive intensive training on police procedures, confidential data collection and reporting, available community support services and the criminal justice and judicial system. Volunteers serve victims of vandalism, burglary, assault and robbery in reporting the crime, securing community services and relieving stress through their support and advocacy.

CHALLENGE GRANTS

In a first-time effort, ACTION/RSVP awarded 30 1-year $5,000 challenge grants to RSVP projects for the purpose of developing programs in the area of at-risk children or drug/alcohol abuse prevention serving youths or seniors. Selection was based upon a project's potential to generate non-ACTION funding thereby enabling it to continue after the grant expires. Program excellence was also a consideration.

PUBLIC/PRIVATE PARTNERSHIPS

In fiscal year 1987, ACTION/RSVP began a partnership with The Just Say No Foundation for the purpose of involving RSVP projects in anti-drug activities. The foundation will award between five and eight seed grants to RSVP projects. Based upon that experience, Just Say No will develop an easily replicated intergenerational program model, appropriate for all RSVP projects.

ACTION is entering the third year of a public/private partnership with the Dayton Hudson Foundation (B. Dalton Bookseller), Laubach Literacy and the National Association of cash and in-kind contributions. RSVP's total non-ACTION support came to $24.55 million by the start of calendar year 1987, an increase of 11.8 percent from the previous year. Compared with RSVP's ACTION grant support of $28.04 million, non-ACTION support was equal to 87.6 percent of ACTION moneys for RSVP projects.

PRIVATE SECTOR FUNDING

Forty-four percent of RSVP's non-ACTION funds comes from the local private sector. Private resources generated by RSVP projects totaled $10.8 million nationally as of January 1987. This reflects an increase of over 40 percent in annual private support since 1983.

Over 87 percent of this private support comes through the nonprofit community sector. This includes significant and growing support from United Way organizations that now provide annual allocations to RSVP projects in more than 300 localities. Other cash and in-kind resources are provided by a myriad of community service, civic, and religious organizations, as well as through local fundraising events.

Approximately $1.4 million of RSVP's total private support comes directly from the business and corporate sectors. This RWVP Directors. Both ACTION AND Dayton Hudson provided funding to Laubach for the purpose of stimulating RSVP involvement in adult literacy.

To date, more than 440 RSVP projects are members of the National RSVP Literacy Network and receive mailings and technical assistance form Laubach in the area of adult literacy. The 43 RSVP projects nationwide which receive seed grants from Laubach generated 1,550 RSVP volunteers working in adult literacy this year. More than 1,400 adult learners received tutoring. The volunteers also recruited students, wrote high-interest/low-level materials and developed public awareness campaigns.

Another public/private partnership involved the Exxon Corporation, ACTION/RSVP and the National Association of RSVP Directors. Project PROMPT—Putting Retired Older Men and Placements Together—awarded 13 seed grants to RSVP projects to more effectively recruit males to serve as RSVP volunteers.

NON-ACTION SUPPORT

During a period when ACTION resources for RSVP projects have generally remained constant, projects have successfully generated non-ACTION resources to help expand and improve volunteer services. RSVP sponsors, their advisory councils and staff, have used imaginative and varied approaches to attract has increased each year, and now represents almost 6 percent of RSVP's total non-ACTION support.

PUBLIC SECTOR FUNDING

RSVP generates a significant portion of its non-ACTION support in cash and in-kind from the community where it operates in a "funding partnership" with that community. For example:

—Thirty-six percent of RSVP's non-ACTION funding comes through city/county governments. This government category includes other Federal funds administered at the local level, such as community service block grants.

—As of January 1987, 34 States appropriated funds in their budgets for RSVP, 6 more than in the previous year, producing an increase of 21.2 percent—or $3.8 million. Funds through State governments account for 20 percent of RSVP's non-ACTION support.

Numbers and characteristics of RSVP volunteers

	Percent
Distribution by sex:	
Male	23
Female	77
Distribution by age:	
60 to 69	35
70 to 79	47
80 and over	18
Distribution by ethnic group:	
White	83.2
Black	11.4
Hispanic	3.7
Asian	1.2
Indian/Alaskan	0.5

SENIOR COMPANION PROGRAM

The Senior Companion Program (SCP) offers person-to-person volunteer opportunities for low-income Americans aged 60 and older. The Companions provide personal assistance and peer support, primarily to older adults. Clients served by Companions are chronically homebound with physical and mental health limitations and at risk of institutionalization. Senior Companions strengthen their clients' capacity to live independently in the community. They also ease the transition from institutions back into the community.

The volunteers serve through a variety of health and social service organizations designated as volunteer stations. Companions receive a $2.20 hourly stipend and serve 20-hours per week.

The program's budget for fiscal year 1987 was $18.1 million, funding 96 projects and 5,450 volunteers, nationwide. Senior Companions contributed approximately 5.7 million hours assisting homebound clients. In fiscal year 1987, 23 non-ACTION funded projects in 11 States supported 1,550 Companions and served approximately 4,650 clients.

PROJECT EXAMPLES

In Flagstaff, AZ, a Senior Companion's quick call for help is credited with saving the life of a homebound elderly woman. When the Senior Companion arrived for her daily visit with her client, she noticed the 85-year-old woman was extremely lethargic.

Because of her SCP training, the Companion recognized signs of possible overmedication and called the doctor. Her client was immediately admitted to the hospital. The woman arrived at the hospital in a coma and remained there for 9 days. "If our Senior Companion had not recognized a problem and sought medical attention, her client might have died," said the SCP project director.

In Salt Lake City, UT, a Senior Companion provided respite and personal care to a 73-year-old man with terminal cancer whose wish was to die at home.

The man's wife cared for her husband 7 months before the Companion came. She rarely was able to leave home and was reaching the point of acute burnout. In desperation, she called the Community Nursing Service and a Senior Companion was assigned. During his 4 months of service, he visited the home three times a week. He provided peer support and helped feed his client. The two men became close. For the first time in weeks, the wife was able to leave the house. Eventually, the client did die—at home, as he wished. The Senior Companion was the only non-family member invited to the funeral. In recognition of the Companion's service, the client's wife made a donation to the Community Nursing Service in the name of the Senior Companion Program.

CHALLENGE GRANTS

A total of $681,500 in SCP Homebound Elderly challenge grants were awarded in fiscal year 1987 to 14 projects in three regions. The 3-year grants will support 102 Senior Companions in 11 States and Puerto Rico. The largest single grant, a $129,600 award to support 26 Companions, was to the Federation of Organizations for the New York Mentally Disabled, Inc. in West Islip, NY. Challenge grants call for the generation of non-ACTION public and private sector funding during the 3-year grant period with 100 percent non-Federal support in the fourth year.

Five grants of $89,700 each were awarded under the SCP Veterans Challenge Grant Program to SCP Projects in Providence, RI; Indianapolis, IN; Minneapolis, MN; Milwaukee, WI and Phoenix, AZ. The program is designed to establish a public-private partnership among ACTION, the Veterans Administration and veterans' service organizations to provide in-home care to veterans discharged from VA medical centers. ACTION will provide funding for 2 years. Funding for the third and subsequent years will be continued by veterans service organizations or other community resources.

SCP/ADRDA PARTNERSHIP GRANT

In fiscal year 1987, ACTION awarded the Alzheimer's Disease and Related Disorders Association (ADRDA) a 2-year $248,000 Partnership Grant to operate five Alzheimer's respite care projects, nationwide.

The ADRDA national office, in consultation with ACTION/OAVP, plans to award sub-grants to Senior Companion Projects in communities with ADRDA chapters that have the capacity to fund and manage Alzheimer's components in the third year of the program. The grant will support 25 Companions who will provide respite care for the families of Alzheimer's patients. The chapters will assist in training the Companions and selecting clients.

NON-ACTION FUNDING

Over a 4-year period, non-ACTION funds from State, county, and local government agencies doubled—from $3.7 million in fiscal year 1983 to $7.7 million in fiscal year 1987. This is equivalent to 42 percent of the fiscal year 1987 Federal SCP appropriation. For example:

—The Georgia Department of Human Resources awarded $773,900 to SCP, up 45 percent from its fiscal year 1986 appropriation.

—New Mexico's State Agency on Aging provided $681,900 in direct and support resources, up 64 percent from fiscal year 1986.

—In 1 year, local government funds of $117,000 from the Central Indiana Council on Aging almost tripled Indiana's State and local government contributions.

Numbers and Characteristics of SCP Volunteers

	Percent
Distribution by age:	
60–69	47
70–79	45
80–84	6
85 +	2
Ethnic groups:	
White/Other	60
Black	30
Hispanic	6
Asian	2
Native American	2
Clients:	
Ages: 75+	51
60–74	36
46–59	6
22–45	7
Distribution by sex:	
Female	75
Male	25

ITEM 15. COMMISSION ON CIVIL RIGHTS

DECEMBER 16, 1987.

DEAR MR. CHAIRMAN: In response to your letter of September 14, 1987, I am pleased to submit an annual report of the U.S. Commission on Civil Rights' activities concerning older Americans.

In fiscal year 1987, The Commission published and distributed a major new report on Federal enforcement of equal employment requirements. The report included a discussion of age discrimination issues and related enforcement activities by the Equal Employment Opportunity Commission. In addition, several of the Commission's State Advisory Committees held community forums where age discrimination issues were among those discussed.

No major projects relating to age discrimination are planned for Fiscal Year 1988. However, State Advisory Committees will continue to monitor problems of discrimination toward older Americans, and specific forums in Arizona, California, and Hawaii are planned to discuss such issues.

If you have any questions regarding this report, please contact me at (202) 523-5571.

Sincerely yours,

SUSAN J. PRADO,
Acting Staff Director.

Enclosure.

REPORT ON ACTIVITIES CONCERNING OLDER AMERICANS, FISCAL YEAR 1987

In Fiscal Year 1987, the U.S. Commission on Civil Rights conducted two types of activities which addressed issues of concern to older Americans: a study of Federal Enforcement of Equal Employment Requirements and community forums held through several of its State Advisory Committees.

FEDERAL ENFORCEMENT OF EQUAL EMPLOYMENT REQUIREMENTS

The Age Discrimination in Employment Act of 1967 (ADEA)[1] prohibits discrimination against older persons (over age 40) with respect to employment practices. Executive Order 12067,[2] implementing Reorganization Plan No. 1 of 1978,[3] assigned

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[1] 29 U.S.C. Section 623 (1982). The act prohibits discrimination on the basis of age in hiring, promotion, discharge, and compensation, as well as other terms, conditions, and privileged of employment.

[2] Executive Order No. 12,067, 3 C.F.R. 206 (1979), reprinted in 42 U.S.C. Section 2000e app. at 32–33 (1982).

[3] Reorganization Plan No. 1 of 1978, 3 C.F.R. 321 (1979), reprinted in, 42 U.S.C. Section 2000e–4 app. at 39–42 (1982).

The Equal Employment Opportunity Commission (EEOC) responsibility for providing leadership and coordination to all Federal agencies with equal employment opportunity responsibilities. Under the reorganization, enforcement responsibility for the ADEA was transferred to EEOC from the Wage and Hour Division of the Department of Labor.[4] Accordingly, the Commission's review of EEOC enforcement activity includes a discussion of interpretive policies under ADEA.

Since EEOC received ADEA enforcement authority in 1979, the agency has been deliberating possible reversal of long-held Department of Labor (DOL) policies on issues such as pension accruals past age 65 and apprenticeship programs. Both DOL policies sanction exclusion on the basis of age.

PENSION ACCRUAL

In 1979, 2 months before it relinquished ADEA enforcement authority to EEOC, DOL amended its ADEA interpretations to provide that employers are not required to provide any form of pension benefits accrual after the employee reaches the age of 65.[5] with the transfer of ADEA responsibility in 1979, EEOC began substantive review of DOL's position on pension accrual.[6] Meanwhile, DOL's 1979 position remained effect.[7]

In late 1980 the Secretary of Labor opposed any change in this position, citing the legislative history of ADEA.[8] EEOC continued to review the issue following the change in administrations in January 1981 and finally, in June 1984, voted to replace the existing interpretation which rules to require employers to continue contributions and credit employees for working beyond the normal retirement age.[9] EEOC staff then undertook a regulatory impact analysis, which was completed in April 1986, and circulated its proposal for interagency comment.[10] the Chairman indicated that employer cost concerns at the Office of Management and Budget (OMB) blocked any further action on this issue,[11] which had dragged on without resolution for 7 years. Finally, in October 1986, Congress enacted legislation prohibiting reduction or discontinuation of benefit accruals of continued allocations to an employee's account under defined benefit or contribution plans "on account of specified age."[12]

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[4] 29 U.S.C. Section 201 et seq. (1982).

[5] 44 Fed. Reg. 30,658 (1979, codified at 29 C.F.R. Section 860.120(f)(1)(iv) (1986). Credit for years of service, salary increases, and benefit improvements that occur after an employee reaches normal retirement age under the plan need not be taken into account in calculating pension benefits, and plans are not required to adjust actuarially the benefit accrued as of normal retirement age for an employee who continues to work beyond that age. *Id.* In 1978 Congress amended ADEA to enlarge the protected age group to include persons between age 65 and 70. 29 U.S.C. Section 631(a) (1982). The amendments also expressed "congressional intention" to prohibit the involuntary retirement of employees before age 70. Gitt, *The 1978 Amendments to the Age Discrimination in Employment Act—A legal Overview,* 64 Marquette L. Rev. 602, 633 (1981) (hereafter cited as Gitt, *1978 ADEA Amendments).*

[6] In 1980, EEOC expressed concern that compelling older workers to forego retirement compensation solely because of their age "may violate both the intent and clear language" of ADEA. Eleanor Holmes Norton, Chair, EEOC, testimony, *EEOC Enforcement of the Age Discrimination in Employment Act,* Hearing Before the Select Committee on Aging, House of Representatives, 96 Cong., 2d Sess. (1980), P. 44 (hereafter cited as *Norton ADEA Testimony).* Civil Rights Commission staff agreed the issue ought to be reopened for further consideration and debate" and encouraged "early publication of the changes [EEOC would] propose for public comment." Louis Nunez, Staff Director, U.S. Commissions on Civil Rights, letter to Eleanor Holmes Norton, Chair, EEOC, August 13, 1980 (hereafter cited as Nunez letter).

[7] 44 Fed Reg. 37974 (1979).

[8] Ray Marshall, Secretary of Labor, letter to Eleanor Holmes Norton, Chair, EEOC, Oct. 17, 1980 cited in Bureau of National Affairs, Daily Labor Report, Oct. 31 1980, pp. E-1-E-5.

[9] Jeffrey Zuckerman, Chief of Staff, EEOC, telephone interview, May 28, 1986. EEOC disagreed with, among other things, DOl's "misplaced" reliance on the legislative history of ADEA. Clarence Thomas, Chairman, EEOC, testimony, *Oversight Hearing on the Employee Retirement Income Security Act: Requiring Pension Accruals for Work Beyond Normal Retirement Age,* Hearing Before the Subcommittee on Labor-Management Relations of the House of Committee on Education and Labor, 98th Cong., 2d Sess. 1985), p.7.

[10] Zuckerman Telephone Interview.

[11] Ibid; Thomas Interview. See also Gitt, *1978 ADEA Amendments,* at 637, which refers to employer cost concerns.

[12] Public Law 99-509, Subtitle C, Section 9201 (Oct. 17, 1986), amending ADEA Section 4, 29 U.S.C. 623. In February 1987 a Federal district court criticized EEOC for its "slouthful delay" in resolving this issue and ordered the agency to issue a final rule within 80 days of the order requiring employer pension contributions. *American Association of Retired Persons* v. *EEOC,* Civ. A No. 86-1740 (Feb. 26, 1987). While the order is under appeal, EEOC proceeded to publish a notice of proposed rulemaking in early April. 52 Fed. Reg. 10584 (1987).

EEOC voted to rescind its regulatory process in November 1986, opting instead to devote its sources to developing regulations implementing the new statute.[13]

ADEA COVERAGE OF APPRENTICESHIP PROGRAMS

Another long unresolved policy question concerns the current conclusion of apprenticeship program from ADEA coverage.[14] Here again, EEOC has been uncomfortable with a DOL position it inherited.[15] In 1983 a Federal district court in New York ruled that the exemption of apprenticeship programs from ADEA coverage is invalid.[16] In response to that ruling, the Chairman noted that EEOC staff also had "concluded that the language and the legislative history of the ADEA do not support such an exclusion."[17] In June 1984, following another lengthy review, EEOC voted to rescind the DOL interpretation and issue a substantive rule providing that those programs are covered by ADEA.[18] The EEOC proposal was sent to OMB for review in July 1984.[19] OMB returned it to EEOC in December 1985, requesting reconsideration.[20] The Chairman has indicated there is little further EEOC can do on this issue.[21]

STATE ADVISORY COMMITTEE COMMUNITY FORUMS

As followup to its December 1985 community forum, the Delaware Advisory Committee held a forum in July 1987 on alleged inequities in services provided the Hispanic elderly in federally assisted programs. The forum also examined services to the minority elderly in programs supported solely by the State of Delaware's Grant-in-Aid program. The Iowa, Kansas, Mississippi, and Missouri Advisory Committees held community forums at which respective State agency officials (the Iowa Department of Elderly Affairs, Kansas Department of Aging, Mississippi Council on Aging, and the Missouri Division on Aging) provided information on such issues as the needs of the aged concerning income, transportation, health care, and food. Aged members of non-white groups were said to face discrimination because of age as well as race.

Other related projects were undertaken in Nevada and South Dakota. At an August 1987 forum in Nevada, a representative of the Nevada Equal Rights Commission said that allegations of age discrimination in employment remained high statewide, second only to allegations of sexual harassment among all charges of discrimination. At a forum in South Dakota in June 1987, a representative of Wawokiyaospia, an agency formed to assist elderly American Indians, discussed before the South Dakota Advisory Committee health and housing conditions of this group.

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[13] "EEOC Staff Comments," p. 4.

[14] 29 C.F.R. Section 1625.13 (1986). The exemption is based on the view "that apprenticeship is an extention of the educational process to prepare young men and women for skilled employment." *Id.* Commission on Civil Rights staff have questioned EEOC about the exemption, noting that it appears contrary to the protections envisioned in the ADEA and that age restrictions in apprenticeship programs may act as obstacles to older workers, including minorities and women, who wish to enter the skilled trades. See Nunez Letter; Bert Silver, Acting Staff Director, U.S. Commission on Civil Rights, letter to Anthony DeMarco, Acting Assistant General Counsel, Legal Counsel Division, EEOC, Aug. 27, 1981; and Linda Chavez, Staff Director, U.S. Commission on Civil Rights, letter to Clarence Thomas, Chairman EEOC, Mar. 12, 1984.

[15] *Norton ADEA Testimony*, p. 44. *Id.*

[16] *Quinn* v. *New York State Elect. and Gas Corp.*, 569 F. Supp. 655 (N.D. N.Y. 1983). The court ruled that the exemption "finds no support in, and is contrary to, the language of the ADEA." *Id.* at 661.

[17] Clarence Thomas, Chairman, EEOC, letter to Linda Chavez, Staff Director, U.S. Commission on Civil Rights, Mar. 30, 1984.

[18] Consistent with the purpose of the act, according to EEOC, ending the exemption would "allow those 40 years of age and older the same opportunities to participate in apprenticeship programs as are currently enjoyed by younger individuals." 50 Fed. Reg. 17,857 (1985).

[19] *Id.*

[20] OMB said the proposed rule could "stifle" creation of new apprenticeship programs and lead to elimination of existing ones, since employers adn unions view apprenticeship programs as providing youth training, the "initial investment" that "can be recouped over the apprenticeship's work life." Wendy L. Gramm, Administrator for Information and Regulatory Affairs, OMB, letter to Clarence Thomas, Chairman, EEOC, Dec. 2, 1985 (quoting the Solicitor of Labor, letter to EEOC, May 3, 1984).

[21] Thomas Interview. The Chairman also expressed the view that OMB has "too great" a role in this issue. OMB is authorized to review proposed Federal rules "to reduce the burdens of existing and future regulations, increase agency accountability for regulatory actions,. . . . minimize duplication adn conflict of regulations, and insure well-reasoned regulations. . . ." Exec. Order No. 12,291, 3 C.F.R. 1981 Comp., Rev'd Jan. 1, 1982, p. 127.

Such regional activities will continue in fiscal year 1988 in Arizona, California, and Hawaii, among other states.

ITEM 16. CONSUMER PRODUCT SAFETY COMMISSION

October 7, 1987.

Dear Chairman Melcher: In response to your letter of September 14, 1987, I am enclosing the U.S. Consumer Product Safety Commission's report on our activities on behalf of older Americans.

In fiscal year 1987, we developed and distributed to Area Agencies on Aging a videotape entitled "Home Safe Home." This videotape—which won a Bronze Award in the Houston International Film Festival—shows how to identify and remedy several product hazards in the home. Through a contract with the National Association of Area Agencies on Aging, CPSC worked with several Area Agencies on Aging to conduct workshops for older people about safety in the home. Tens of thousands of copies of the CPSC "Home Safety Checklist for Older Consumers" were distributed. As a result of the CPSC program, many older people reported that they have installed smoke detectors, grab bars, and other safety devices which can help prevent deaths and injuries.

In 1988, CPSC will continue to distribute our "Home Safety Checklist for Older Consumers." We also plan to provide manufacturers, designers, and others with a guidance document for making products safer for older people to use. In addition, CPSC will continue our work with the American Society for Testing and Materials to develop a voluntary standard for step stools.

We are pleased to submit this report for inclusion in the U.S. Senate's Special Committee on Aging report entitled Developments in Aging.

Sincerely,

Terrence Scanlon,
Chairman.

Enclosure.

Consumer Product Safety Commission Report on Activities Related to Safety for Older Consumers

The Consumer Product Safety Act (Public Law 92-573) was enacted in 1972 in recognition of the need for Federal regulation to ensure safer consumer products. The Act established the Consumer Product Safety Commission and charged it with the mission of reducing the number and severity of consumer product-related injuries, illnesses, and deaths. An amendment to the CPSA requires the Commission to "consider and take into account the special needs of the elderly and handicapped to determine the extent to which such persons may be adversely affected by (a consumer product safety) rule."

Our activities, including injury-data collection, research studies, standards development, and information and education programs, are not directed solely to programs for the benefit of our older Americans. However, improving product safety for the elderly is an important continuing objective of the Consumer Product Safety Commission. While none of the laws administered by CPSC apply solely to the elderly, the Commission recognized that the elderly are particularly vulnerable to injuries associated with various home structures, including bathtubs, showers, floors, stairs, unvented gas space heaters, and upholstered furniture. Moreover, the Commission has an active interest in the safety of older consumers and in 1987 gave priority attention to this important task.

INJURY DATA COLLECTION

The Commission's primary source of information on product-related injuries is the National Electronic Injury Surveillance System (NEISS). The NEISS is a statistically selected set of hospital emergency rooms located throughout the country which report to the Commission, on a daily basis, data on product-related injuries treated in those emergency rooms. The Commission estimates that 625,000 persons 65 years of age or older were treated for product-related injuries in hospital emergency rooms in the United States and the U.S. Territories in calendar year 1985. The elderly were hospitalized for these injuries at a much higher rate (19 percent) than the population as a whole (4 percent). Injuries associated with stairs, steps, floors, or flooring materials were suffered most frequently by the elderly. Other major product categories associated with injuries which particularly affect the elderly are those most commonly found in and around the home, including chairs, beds, doors, ladders, bathtub and shower structures, knives, rugs and carpets.

RECOGNITION OF SPECIAL POPULATION GROUPS

The Commission recognizes that many products used by the total population of consumers may present special problems for the elderly. The elderly, therefore, comprise a group which the Commission focuses on, as a matter of policy, in carrying out its mission to reduce the unreasonable risk of injury from consumer products.

The Commission has formally recognized the unique needs of the elderly and special population groups in selecting project priorities. The "vulnerability of the population at risk" is one of seven factors which the Commission weighs in determining priority projects.

THE "SAFETY FOR OLDER CONSUMERS" PROJECT

The Commission designated the Safety for Older Consumers project for priority attention in fiscal years 1984, 1985, and 1987. This effort emphasizes safety in and around the home. It will be an ongoing project in future years.

During 1987, CPSC developed and distributed to Area Agencies on Aging a videotape entitled "Home Safe Home." This videotape shows how to identify and remedy several product hazards in the home, such as fire hazards, electrical hazards, and hazards of slipping and falling. More than 300 Area Agencies on Aging requested copies of the videotape, and the Houston International Film Festival awarded the videotape a Bronze Award in its 1987 competition.

Through a contract with the National Association of Area Agencies on Aging, CPSC worked with Area Agencies on Aging in 10 sites to make presentations to groups of older people. The CPSC "Home Safe Home" video was shown, and copies of the "Home Safety Checklist for Older Consumers" were distributed. More than 12,000 older people were reached directly through these seminars. Evaluation showed that many older people installed grab bars, smoke detectors, and other safety devices as a result of the CPSC program. Several Area Agencies on Aging have indicated interest in continuing the program in future years.

The Commission is working on a voluntary standard for step stools which was recommended at the National Conference on Safety for Older Consumers. Work on this voluntary standard will continue in 1988.

CPSC also is developing a product safety guide for designers and manufacturers to use in designing products that take into account the physical limitations of the elderly. The Commission will print and distribute this guide in 1988 to manufacturers, trade associations, and others concerned with product safety for older people.

In 1988, the Commission will continue the "Safety for Older Consumers" project by distributing our "Home Safety Checklist for Older Consumers." As new safety devices are developed and additional insights gained from studies of accidents among older people, we will provide this safety information to the public.

OTHER PROJECTS FOR OLDER CONSUMERS

Residential wiring (fixed wiring, circuit breakers, light fixtures, receptacles, etc.) is believed to be responsible for 47,100 residential fires of electrical origin each year, causing 350 civilian deaths, an estimated 1,400 civilian injuries, and nearly 425 million dollars in property loss. Many of these fires occur in homes which have old or deteriorated electrical systems and in which older people live.

One of the Commission's ongoing information programs is "Smoke Detectors." The fire death rate among elderly people is higher than that for any other age group; smoke detectors can help prevent many of those fire deaths. The Commission's goal is to increase the number of homes with properly installed and maintained smoke detectors to provide early warning of fire. During the past few years, millions of copies of CPSC publications have been printed and distributed by fire departments and other organizations to promote smoke detectors. The American Association of Retired Persons developed a large-type safety alert on smoke detectors and distributed copies through the AARP national network. The major objective of this smoke detector program continues to be getting smoke detectors into the homes of older people and the general population.

CPSC's toll-free Hotline makes it easy for older people to order copies of the Home Safety Checklist and other safety publications. The Commission's Hotline number is 800-638-CPSC.

ITEM 17. ENVIRONMENTAL PROTECTION AGENCY

DECEMBER 24, 1987.

DEAR MR. CHAIRMAN: In response to your request of September 14, 1987 regarding information on the activities of older workers at the Environmental Protection Agency to be included in your annual report, *Developments in Aging,* I have enclosed a summary report.

Sincerely,

LEE M. THOMAS.

Enclosure.

ENVIRONMENTAL PROTECTION AGENCY

The Environmental Protection Agency (EPA) under Public Law 98-313, Senior Environmental Assistance Act more commonly referred to as the Senior Environmental Employment (SEE) Corps has approved grantees funding 49 cooperative agreements in support of the program.

The Office of Research and Development, Office of Exploratory Research, has developed a SEE handbook which is a guidebook for the operation of the corps within EPA. Also developed was a general distribution pamphlet on the SEE corps.

The SEE Corps continues to provide meaningful full- and part-time employment to hundreds of older Americans in jobs relating to the prevention, abatement, and control of environmental pollution. The jobs have included surveying toxic chemicals used in industrial areas, educating the public on areawide water planning, establishing and enforcing noise abatement control programs, establishing and managing Agency environmental libraries, presenting educational programs on the use of pesticides and the hazards of poisoning to farm workers, and working on surveys of environmental carcinogens. EPA is constantly expanding opportunities for the participation of older Americans at all levels of government in control of environmental pollution.

Our Office of Toxic Substances found older workers, with their vast experience in dealing with people, do an excellent job relating to top managers in schools, school boards, and State offices of public instruction on the possible hazards of asbestos materials in public buildings and on monitoring for compliance to the regulations.

A nucleus of senior citizens whom we can call upon from time to time has been recruited and trained to do surveys to generate pesticide usage data. This allows EPA to establish statistically valid information which will permit States to monitor the kinds and amounts of pesticides being applied and aggregate State data on pesticides.

The need to issue certification to foreign cars, imported into this country, assuring that they meet U.S. safety and emission standards is a constantly increasing job. EPA looked to the SEE workers to develop training materials to train other people to do the job.

EPA has supported other environmental activities funded by the Department of Labor's Title V, of the Older American's Act, older worker programs in Florida, Alabama, California, Iowa, Illinois, New Jersey, and Washington. In addition, through the SEE program, the Agency helped to support poison-alert programs at the local level, and the monitoring of landfills to measure the gases seeping from underground to surface.

With the greater responsibilities in the Hazardous Waste (Superfund) area, senior citizens are being employed to develop community awareness programs of hazardous waste designations and landfill management.

Older workers are stationed in all of EPA's 10 regional offices, 20 laboratories, field sites and several State offices. With new legislation and new regulations being written, the need for and ways senior citizens can be used is neverending, and EPA is very committed to the Senior Environmental Employment (SEE) Corps, utilizing the wealth and experience possessed by older workers. We believe that the SEE Corps provides excellent opportunities for older citizens to participate in the benefits of the program, while improving environmental quality for everyone.

ITEM 18. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DECEMBER 24, 1987.

DEAR MR. CHAIRMAN: On behalf of Chairman Clarence Thomas, I am enclosing the Equal Employment Opportunity Commission's report on lawsuits filed during FY 87 under the Age Discrimination in Employment Act.

We hope this information is helpful to you. Please let us know if we can be of further assistance.

Sincerely,

Deborah J. Graham,
Director of Communications and Legislative Affairs.

Enclosure.

AGE DISCRIMINATION IN EMPLOYMENT ACT—LAWSUITS FILED BY THE EEOC IN FISCAL YEAR 1987

During fiscal year 1987, the Commission filed 80 lawsuits under the Age Discrimination in Employment Act (ADEA), as well as 8 subpoena enforcement actions. The following is a brief summary of complaint allegations in the 80 substantive lawsuits filed by the Commission.

Scotty's Fashions, Inc. (ADEA-class)—W.D. PA, No. 86-2124, filed Oct. 6, 1986, Philadelphia DO. Pattern of refusing to hire applicants age 50 or older as sewing machine operators.

Furr's Cafeterias, Inc. (ADEA-individual)—W.D. OK, No. CIV86-2261A, filed Oct. 29, 1986, Dallas DO. Cafeteria Manager, age 62, forced to retire for pretextual reasons and then replaced by his 32-year-old assistant.

Ramada Inn of Fort Wayne (ADEA-individual)—N.D. IN, No. F86-0385, filed Oct. 27, 1986, Indianapolis DO. Two oldest dining room waitresses, ages 59 and 64, terminated and replaced by newly hired applicants well under age 40.

North Attleboro Electric Department (ADEA-class)—D. MA, No. 86-3425, filed Nov. 25, 1986, New York DO. Challenge to a State law requiring that electrical "substation operators," including an aggrieved individual, retire at age 65.

Trans World Airlines, Inc. (ADEA-Title VII/sex-individual)—S.D. NY, No. 86-CIV-9381, filed Dec. 5, 1986, New York DO. Female aged 59 passed over for promotion to position of "Manager of Tour Marketing" in favor of a less qualified male aged 30.

Port Authority of New York and New Jersey (ADEA-class)—D. NJ, No. 86-4837, filed Dec. 8, 1986, New York DO. Challenge to a policy of refusing to consider applicants age 35 or older for employment in any security-related position.

Champion Parts Rebuilders, Inc. (ADEA-individual)—D. NE, No. 86-O-1008, filed Dec. 8, 1986, Denver DO. Sales Manager, age 51 terminated for overt discriminatory reasons and replaced by a newly hired 31-year-old.

Charter Investment Co. (ADEA-individual)—W.D. LA, No. 86-3682, Dec. 22, 1986, New Orleans DO. New hotel manager fires 66-year-old "chief maintenance engineer" for pretextual reasons after making age discriminatory remarks.

Citizens Banking Company (ADEA-individual)—S.D. OH, No. C2-87-001, filed Jan. 2, 1987, Cleveland DO. Employee fired for pretextual reasons in retaliation for filing an ADEA charge.

Anaconda Minerals Company (ADEA-Title VII/national origin-indiv.)—D. NM, No. CIV87-0032C, filed Jan. 8, 1987, Phoenix DO. A foreman, an Hispanic aged 53 and with 43 years of service, laid off instead of a 34-year-old Anglo with only 6 years of service.

Jewish Federation Council of Greater Los Angeles (ADEA-individual)—C.D. CA, No. 87-0710-HLH, filed Feb. 3, 1987, Los Angeles DO. Failure to hire 60-year-old applicant for a "Regional Director" position for overt age discriminatory reasons.

Amoco Production Company (ADEA-class)—N.D. IL, No. 87-C-1033, filed Feb. 5, 1987, Chicago DO. Severance allowances reduced for those employees only who were eligible for retirement pensions when laid off (at least age 55).

State of West Virginia (ADEA-class)—N.D. WV, No. 2:87-0201, filed Feb. 20, 1987, Philadelphia DO. Challenge to age-65 mandatory retirement of police officers prior to the effective date of the temporary exemption covering such jobs.

Security Pacific National Bank (ADEA-individual)—C.D. CA, No. 87-01181-JGD, filed Feb. 27, 1987, Los Angeles DO. Action to enforce the backpay and hiring terms of a pre-suit conciliation agreement on an ADEA charge.

Bendix Electrodynamics Division (ADEA-individual)—C.D. CA, No. 87-01247-RJK, filed Feb. 27, 1987, Los Angeles DO. Failure to hire highly qualified "grinder operator" aged 58, while continuing to hire largely inexperienced younger applicants.

Finger's Furniture Company (ADEA-individual)—S.D. TX, No. H087-772, filed Mar. 10, 1987, Houston DO. Security Investigator, aged 59, terminated for pretextual reasons following age discriminatory remarks by his new supervisor.

Hughes Aircraft Company (ADEA-Title VII/national origin-individual)—C.D. CA, No. 87-01514-JSL, filed Mar. 10, 1987, Los Angeles DO. Chinese-American engineer, age 60, denied a promotion in favor of a younger Anglo because of his age and/or national origin.

Commission of Public Works of the City of Laurens (ADEA-class)—D. SC, No. 6:87-757-3K, Mar. 25, 1987, Charlotte DO. Pattern of denying promotions to employees near or already eligible for retirement, while promoting less-qualified younger employees.

Deep Rock Water Company (ADEA-individual)—D. CO, No. CIV87-436, filed Mar. 26, 1987, Denver DO. Failure or refusal to hire qualified applicants, ages 46 and 54, for "route salesman/delivery" jobs.

Halle Mortgage Company (ADEA-individual)—D. CO, No. 86-C-2144, Mar. 26, 1987, Denver DO. Employee terminated for pretextual reasons, in retaliation for the filing of an ADEA charge.

Public Employees Retirement System Board (ADEA-class)—S.D. OH, No. C-1-87-216, filed Mar. 27, 1987, Cleveland DO. Challenge to a state law limiting disability retirements to those employees only who become totally disabled before attaining age 60.

USA CAFES, Inc. (ADEA-individual)—N.D. TX, No. 3-87-0797D, filed Mar. 27, 1987, Dallas DO. Vice President-Treasurer forced into retirement at age 65 for overt age discriminatory reasons.

Cole National Corp. (ADEA-individual)—D. MN, No. 4-87-297, Apr. 1, 1987, Milwaukee DO. Five department store managers, ages 48 to 61, denied promotion to a "Zone Manager" position in favor of 22-year-old outside applicant.

Carolina Mills, Inc. (ADEA-class)—W.D. NC, No. St-C-87-42, filed Apr. 14, 1987, Charlotte DO. Three senior "weavers," ages 52, 56, and 61, permanently laid off while much younger and much less senior employees were retained.

Musical Arts Association (ADEA-Title VII-individual)—N.D. OH, No. C87-899, filed Apr. 14, 1987, Cleveland DO. Employee terminated for pretextual reasons, in retaliation for the filing of ADEA and Title VII-sex discrimination charges.

Humboldt Express, Inc. (ADEA-individual)—W.D. TN, No. 87-2265-MB, filed Apr. 14, 1987, Milwaukee DO. Applicant for a permanent "dock worker" position denied employment for an overt age discriminatory reason.

American Cyanmid Corporation (ADEA-individual)—E.D. LA, No. 87-1783, filed Apr. 16, 1987, New Orleans DO. Employee fired after announcing that he intended to file an age discrimination charge.

Central Lithographers, Inc. (ADEA-individual)—S.D. FL, No. 87-0749, filed Apr. 17, 1987, Miami DO. Employee aged 64 fired for pretextual reasons several days after indicating that he did not intend to retire upon attaining age 65.

Frito-Lay, Inc. (ADEA-individual)—W.D. KY, No. C-87-0251, filed Apr. 24, 1987, Indianapolis DO. Failure to hire a highly qualified 57-year-old as a "maintenance mechanic," while hiring a much less qualified 30-year-old.

Thompson, Breeding, Dunn, Creswell and Sparks (ADEA-individual)—W.D. TN, No. 87-1075, filed Apr. 27, 1987, Memphis DO. Office Manager age 59 fired for pretextual reasons and replaced by a 28-year-old secretary.

Swensen's Lauderdale Corp. (ADEA-individual)—S.D. FL, No. 87-6323, filed Apr. 28, 1987, Miami Do. Assistant Manager aged 62 permanently laid off, while much younger and much less senior assistant managers were retained.

District of Columbia Government (ADEA-individual)—D. DC, No. 87-1227, filed May 5, 1987, Baltimore DO. Refusal to hire a highly experienced and well qualified dentists, age 61, while hiring much younger inexperienced applicants.

Clay County Hospital (ADEA-class)—D. KS, No. 87-2214, filed May 8, 1987, St. Louis DO. Seven of the oldest and most senior nurses laid off, while younger and less senior nurses were retained for same or similar duties.

Wilshire Foam Products, Inc. (ADEA-individual)—N.D. TX, No. 3-87-1201-F, filed May 8, 1987, Dallas DO. Purchasing Agent aged 53 laid off, while less experienced and less senior agents (ages 21, 26, and 32) were retained.

Tar Heel Fashions, Inc. (ADEA-individual)—M.D. NC, No. C-87-285-G, filed May 8, 1987, Charlotte DO. Work hours reduced for a 60-year-old employee who was subsequently terminated for threatening to file an ADEA charge.

Medical Center Hospital (ADEA-individual)—W.D. TX, No. 87-CA-122, filed May 11, 1987, Dallas DO. Employee aged 65 terminated for pretextual reasons after repeatedly refusing to retire voluntarily.

Mid Continent Systems, Inc. (ADEA-class)—E.D. NC, No. 87-389CIV-5, filed May 13, 1987, Charlotte DO. Four oldest waitresses (ages 42, 43, 57, 64) fired by newly hired restaurant manager.

Chesapeake & Ohio Railway Co. (ADEA-class)—S.D. WV, No. 3-87-0477, filed May 14, 1987, Philadelphia DO. Denial of "protected employee' status for long-term employees once they attain age 65.

Berea College (ADEA-class)—E.D. KY, No. 87-163, filed May 18, 1987, Indianapolis DO. Challenge to a policy of depriving faculty members of tenured status at age 65.

City of San Jose (ADEA-individual)—N.D. CA, No. C87-20357-WAI, filed May 20, 1987, San Francisco DO. Refusal to consider 43-year-old applicant for employment as a police officer.

National Health Studios, Inc. (ADEA-individual)—N.D. TX, No. CA4-87-333K, filed May 20, 1987, Dallas DO. Employee terminated for pretextual reasons in apparent retaliation for the filing of ADEA charges.

Burke Broadcasting Company (ADEA-individual)—D. WY, No. C-87-209-J, filed May 29, 1987, Denver DO. New station owner fired 61-year-old "Station Manager" for overt age discriminatory reasons.

Montgomery Ward & Company (ADEA-individual)—N.D. OH, No. C87-1342A, filed June 2, 1987, Cleveland DO. Group Merchandiser, age 55, fired for pretextual reasons after a pattern of age discriminatory remarks.

C&P Telephone Company of Virginia (ADEA-class)—E.D. VA, No. 87-0438, filed June 22, 1987, Baltimore DO. Disabled employees eligible for regular retirement pensions are denied certain benefits available to younger disabled employees.

Montgomery Ward & Company (ADEA-individual)—W.D. LA, No. 87-1350, filed June 25, 1987, New Orleans DO. Employee fired for pretextual reasons, in retaliation for the filing of an ADEA change.

Huntington Health and Racquet Club (ADEA-Title VII-individual)—S.D. WV, No. 87-36-H, filed June 29, 1987, Philadelphis DO. Assistant Manager fired shortly after Manager learned that she had filed an ADEA and Title VII-sex discrimination charge.

Sportservice Corp. (ADEA-individual)—N.D. NY, No. 87-0749E, filed June 29, 1987, New York DO. Failure or refusal to rehire 65-year old chef for regular seasonal employment at a racetrack restaurant.

The Shoe Works, Div, of Koebacker Co. (ADEA-class)—S.D. FL. No. 87-6485, filed June 30, 1987, Miami DO. Pattern of age discrimination in the hiring of sales clerks for employment at retail shoe stores.

Malone & Hyde, Inc. (ADEA-Title VII/sex-individual)—D. AZ, No. 87-1069, filed July 2, 1987, Phoenix DO. Female administrative employee, age 64, terminated for pretextual reasons due to her age and/or sex.

Alaska Airlines (ADEA-class)—W.D. WA, No. C87-939M, filed July 10, 1987, DO. Challenge to policy of not hiring even fully qualified applicants age 40 or older for employment as airline pilots.

Magee Women's Hospital (ADEA-individual)—W.D. PA, No. 87-1500, filed July 16, 1987, Philadelphia DO. Directory of Respiratory Therapy, age 58, removed from her position for pretextual reasons and replaced by her 38-year-old assistant.

Argent Industries, Inc. (ADEA-individual)—S.D. OH, No. C3-87-364, filed July 20, 1987, Cleveland DO. Employee aged 68 terminated from an outside sales position due to alleged cutbacks, but soon replaced by a newly hired 30-year-old.

Wappingers Central School District (ADEA-class)—S.D. NY. No. 87-CIV-5594, filed Aug. 4, 1987, New York DO. Challenge to a policy of denying teachers payment for unused sick leave unless they retire by age 60.

Colgate Palmolive Company (ADEA-class)—S.D. IN, No. NA87-170-C, filed Aug. 12, 1987, Indianapolis DO. Injunctive action involving destruction of employment applications relevant to the subject of an on-going ADEA investigation.

Lasara Independent School District (ADEA-individual)—S.D. TX, No. B-87-176, filed Aug. 13, 1987, San Antonio DO. Refusal to hire a 64-year-old applicant for a "Teacher's Aide" position for overt discriminatory reasons.

AT&T Nassau Metals Division (ADEA-individual)—D. SC, No. 3:87-2189-OH, filed Aug. 17, 1987, Charlotte DO. Human Resources Director reassigned and transferred in retaliation for filing an ADEA charge.

Mead Corporation (ADEA-individual)—D. MN, No. 67-87-572, filed Aug. 19, 1987, Milwaukee DO. Failure or refusal to hire a fully qualified applicant, age 63, for a "maintenance electrician" position.

Beauty Maid Mills, Inc. (ADEA-individual)—W.D. NC, No. ST-C-87-122, filed Aug. 26, 1987, Charlotte DO. Pattern Maker, age 66, laid off after repeatedly refusing to retire voluntarily.

Linn-Corriher Corporation (ADEA-individual)—M.D. NC, No. C-87-575-S, filed Aug. 27, 1987, Charlotte DO. Employee, age 63, fired in direct retailation for the filing of an ADEA charge.

Progress Lighting Company (ADEA-individual)—D. MD, No. JH-87-2345, filed Aug. 28, 1987, Baltimore DO. After a 68-year old "sales representative" refused to retire, his commission rate was reduced and he was constructively discharged.

Valley View State Bank (ADEA-Title VII/sex-individual)—D. KS, No. 87-2444-S, filed Aug. 31, 1987, St. Louis DO. Failure to select a 58-year-old female bank teller for a supervisory position, while selecting a much less experienced 25-year-old male.

Joy Manufacturing Company (ADEA-Title VII/sex-individual)—W.D. PA, No. 87-1853, filed Sep. 1, 1987, Philadelphia DO. Refusal to recall a 48-year-old female accountant, because she complained that a prior layoff was age and/or sex discriminatory.

Flyfaire, Inc. (ADEA-Title VII/religion-individual)—S.D. FL, No. 87-6661, filed Sept. 2, 1987, Miami DO. Office Manager, age 66, fired for pretextual reasons after a string of ageist and anti-Semitic remarks by a new General Manager, age 27.

CSMC of Coconut Grove, Inc. (ADEA-individual)—S.D. FL, No. 87-1638, Sep. 2, 1987, Miami DO. Refusal to hire qualified applicants, ages 52 and 59, as restaurant waiters for overt age discriminatory reasons.

American Mutual Liability Insurance Co. (ADEA-individual)—M.D. NC, No. C-C-87-67-M, filed Sep. 4, 1987, Charlotte DO. Insurance benefits discontinued for a former employee in retaliation for the filing of an ADEA charge.

Layne-Bowler, Inc. (ADEA-individual)—W.D. TN, No. 87-2638-GB, filed Sep. 10, 1987, Memphis DO. Refusal to rehire laid-off "buyer," age 58, while hiring inexperienced younger applicant.

Amisub (North Plains Hospital), Inc. (ADEA-individual)—N.D. TX, No. CA2-87-00205, filed Sep. 10, 1987, Dallas DO. Director of Nursing and Coordinator of Nursing, both aged 56, forced to resign as part of an announced "youth movement."

North American Philips Lighting Corp. (ADEA-class)—D. NJ, No. 87-3671, filed Sep. 10, 1987, Philadelphia DO. Challenge to a policy of denying severance pay only to employees who are retirement-eligible when laid off.

Mercy Hospital and Medical Center (ADEA-individual)—N.D. IL, No. 87-C-7995, filed Sep. 15, 1987, Chicago DO. Master Mechanic harassed with ageist remarks and ultimately fired on pretextual grounds, because he refused to retire at age 65.

Inn at Snowshoe, Inc. (ADEA-class)—N.D. WV, No. 87-120-E (K), filed Sep. 18, 1987, Philadelphia DO. Pattern of age discrimination in hiring and seasonal rehiring of "maids" at a ski resort.

Rhone-Poulenc, Inc. (ADEA-individual)—D. NJ, No. 87-3807, filed Sep. 21, 1987, Philadelphia DO. "Assistant Corporate Controller," age 65, terminated after refusing to retire and replaced by a newly hired 35-year-old.

United States Steel Corporation (ADEA-class)—W.D. PA, No. 87-2044, filed Sep. 28, 1987, Philadelphia DO. Challenge to various age-discriminatory provisions for layoff benefits.

Somerset County Commissioners (ADEA-individual)—W.D. PA, No. 87-2089, filed Sep. 30, 1987, Philadelphia DO. Failure to hire a 53-year-old applicant as "Administrator" of a nursing home for overt discriminatory reasons; 31-year-old hired.

PAKO Corporation (ADEA-individual)—D. MN, No. 4-87-858, filed Sep. 30, 1987, Milwaukee DO. Sales Representative, age 49, terminated after a pattern of age discriminatory remarks and replaced by a newly hired 21-year-old.

Publishers Circulation Fulfillment (ADEA-Title VII/race-individual).—N.D. CA, No. C-87-4998, filed Sep. 30, 1987, San Francisco DO. Sales Manager, a 57-year-old Black, terminated while a younger White was retained despite a less favorable sales record.

Todd Pacific Shipyards Corporation (ADEA-individual)—W.D. WA, No. C87-1366, filed Sep. 30, 1987, Seattle DO. Foreman, aged 63 with 33 years of service and a good workrecord, laid off instead of much younger and much less senior colleagues.

B & W Service Industries, Inc. (ADEA-class)—E.D. CA, No. CV-F-87-556, filed Sep. 30, 1987, San Francisco DO. New contractor failed to hire 13 of 15 older maintenance employees, while hiring all 14 under-age-40 employees of a former contractor.

City of Scottsdale (ADEA-class)—D. AZ, No. 87-1555, filed Sep. 30, 1987, Phoenix DO. Qualified applicants over age 40 denied consideration for police officer positions, prior to effective date of temporary exemption.

M & H Valve Company (ADEA-class)—N.D. AL, No. 87-1747E, filed Sep. 30, 1987, Birmingham DO. Older "Sales Representatives" (ages 54, 57, 60 and 62) not hired by new company owner, while most younger representatives were rehired.

Nebraska Public Employees Retirement System (ADEA-class)—D. NE, No. CA3-87-2333G, filed Sep. 30, 1987, Denver DO. Retirement eligible employees denied the same right as younger employees to withdraw their contributions to a pension system.

ITEM 19. FEDERAL COMMUNICATIONS COMMISSION

DECEMBER 15, 1987.

DEAR CHAIRMAN MELCHER: We are pleased to respond to your letter of September 14, 1987, requesting information on those activities of the Federal Communications Commission during Fiscal Year 1987 that affect the elderly either directly or indirectly.

Although the work of the Commission does not focus exclusively or primarily on the needs of the elderly, certain of its actions can affect this segment of our nation's population. Therefore, the Summary of Federal Communications Activities Affecting the Elderly highlighting those actions is enclosed for your information. We hope that this information will be useful to you and your staff and can be incorporated into the report of the Special Committee on Aging entitled *Developments in Aging*.

As you know, during the past several years the Commission has participated in legislative efforts and rulemaking proceedings designed specifically to help the handicapped, which include the deaf and hearing imparied, the blind, and the physically disabled. Since a significant proportion of people age 65 or older fall into these categories, the telecommunications needs of the handicapped is a matter of interest to the elderly community.

You may be assured that the Federal Communications Commission will continue to be cognizant of these needs of the handicapped and attentive to telecommunications matters which affect the lives of the elderly as we fulfill our mission to serve all Americans in the public interest.

Sincerely,

DENNIS R. PATRICK,
Chairman.

Enclosure.

SUMMARY OF FEDERAL COMMUNICATIONS COMMISSION ACTIVITIES AFFECTING THE ELDERLY

One of the FCC's basic goals has been the protection of universal telephone service while promoting economically efficient use of the telephone network and preventing unjust discrimination among the nation's telephone users. We believe that great progress has been made during Fiscal Year 1987 toward these ends, particularly with regard to guaranteeing universal telephone service at reasonable rates to our nation's elderly.

In the Telecommunications for the Disabled Act of 1982, 47 U.S.C. 610, (Act), passed January 3, 1983, Congress enacted legislation to ensure that hearing impaired persons have reasonable access to the telephone network. The Act also permits carriers to provide specialized customer premises equipment (CPE) to disabled persons under tariff or through other means authorized by State commissions. In addition, the Act contemplates, among other things, State enforcement of FCC rules regarding the placement of hearing aid-compatible telephone equipment. The Commission adopted rules pursuant to the Act effective January 1, 1984. Further, in response to concerns expressed by members of the hearing impaired community and the Congress on this matter, the Common Carrier Bureau instituted an inquiry concerning *Access to Telecommunications Equipment and Services by the Hearing Impaired and other Disabled Persons,* CC Docket No. 87-124, released May 15, 1987. This inquiry seeks information on the current availability of equipment and services, use of special programs which subsidize special research and new product development. Comments were received on June 29, 1987 and reply comments were received on July 20, 1987. The Commission is now considering those comments, and may issue a further notice or proposed rules.

In July 1987, the local telephone subscriber line charge for residential customers was raised to $2.60 per month. (The subscriber line charge covers a portion of the cost of connecting subscribers to the telephone network. Previously, these costs were recovered exclusively through interstate toll rates in a manner which artificially raised toll rates, depressed use of the interstate toll network and threatened to cause high volume toll users to bypass the public switched network.) The FCC has taken several steps, based on the recommendations of an advisory group of Federal and State regulators, to assist low income telephone subscribers and those on fixed incomes, including the elderly, who may have difficulty affording increased flat rate charges for telephone service. These measures include high cost assistance designed to keep local exchange rates lower than they otherwise would be in high cost areas, many of which are rural in character. This assistance, as currently formulated, will amount to over $400 million when fully implemented based on recent cost information.

The Commission has also implemented a Federal lifeline program to reduce telephone charges for low income subscribers. Under this program, local telephone companies are able to waive the subscriber line charge for low income subscribers qualifying under specified State assistance programs when the State makes an equal monetary contribution to reduce local exchange rates for these customers. Based on the current $2.60 subscriber line charge, this amounts to a total of $5.20 per month in assistance for qualifying subscribers.

On July 1, 1987, the Commission also introduced a connection assistance program called "Link-Up America," which provides a discount of 50 percent—up to $30—for connection charges to low income households seeking telephone service. The FCC estimates that approximately 5 million low income households, including many elderly, will be eligible for assistance under the program. In addition, telephone companies are encouraged to offer interest-free deferred payment schedules on the remaining balance and, where appropriate, to reduce or to waive any deposit that may be required.

Both the high cost and the lifeline assistance are funded through usage-based charges paid by the long distance companies. To date, 20 States and the District of Columbia have federally approved lifeline programs, and 14 States and the District of Columbia have federally approved connection assistance programs. Most of the Bell telephone companies also offer budget rate measured service with a very low flat monthly charge for basic service with additional usage-based charges.

Further, as a result of the Commission's subscriber line charge program and other actions, interstate toll rates have dropped approximately 28 percent since May of 1984. AT&T has recently proposed an additional rate reduction. A May 1987 study by Southwestern Bell demonstrated the value of these rate reductions to the elderly. The study shows that senior citizens have increased their long distance usage by 53.5 percent between 1983 and 1986. The study also shows that at current levels of usage, the interstate rate decreases, on average, completely offset the subscriber line charge. Thus, today it is much easier for older Americans to afford to keep in touch with their families and loved ones across the country.

In addition, the Commission's Industry Analysis Division continues to monitor telephone penetration rates for the elderly as well as other segments of the populations. Census Bureau data collected at the request of the FCC shows that telephone subscribership has increased or remained stable since divestiture, even in the case of the unemployed and those with extremely low income levels. In fact, the Census Bureau data for July 1987 (the most recent information currently available) shows that 92.3 percent of American households have telephone service in their homes compared to 91.4 percent in November 1983, just prior to divestiture. The elderly in all income brackets have telephone subscribership levels that are significantly higher than those for households headed by younger people. The July 1987 census data indicated that 95.8 percent of households headed by a person between 60 and 64 years of age had a telephone at home compared to a 92.3 percent subscribership level for all households. Based on the July 1987 census data, 96.5 percent of households headed by someone between the ages of 65 and 69 subscribed to telephone service, while households headed by someone from 70 to 99 years of age had a subscribership rate of 96 percent. Subscribership levels for these groups have increased or remained stable since divestiture.

ITEM 20. FEDERAL TRADE COMMISSION

DECEMBER 15, 1987.

DEAR MR. CHAIRMAN: In response to your letter of September 26, 1986, I am pleased to forward the annual staff summary of Federal Trade Commission activities affecting older Americans for the year 1986. As this summary indicates, many of the Commission's efforts to police the market for unfair or deceptive practicies and to promote a competitive market are particularly significant for older consumers.

I hope this information will be helpful to the Committee. Please let me know if we can provide any further assistance.

By direction of the Commission,

DANIEL OLIVER, *Chairman.*

Enclosure.

STAFF SUMMARY OF FEDERAL TRADE COMMISSION ACTIVITIES AFFECTING OLDER AMERICANS

This report discusses recent activities of the Federal Trade Commission on behalf of older Americans. The first section of this report describes the Commission's health-related activities, which are of particular importance to older Americans because persons over age 65 spend almost three times as much per capita on health care as do other adults. The second section addresses a variety on non-health related issues that have a disparate impact on older Americans. These include the mandatory review and enforcement of the Commission's Funeral Rule, enforcement of the Commission's Mail Order and Cooling-Off Rules, investigations into the delivery of legal services, issues surrounding credit, investment and travel frauds, and activities in the real estate and taxicab industries. The final section describes the Commission's consumer education activities that are of special significance to older consumers.

HEALTH-RELATED ACTIVITIES

Home Health Care

Home health care agencies, which offer skilled nursing and other health services to patients in their homes, and provide some elderly persons with an important alternative to hospitalization or nursing home care. Home health services offer the possibility of reduced health care expenses, and can enable some people who could otherwise require institutional care to remain at home.

In 1986 the Commission released the results of a study conducted by its Bureau of Economics on the effects of State certificate-of-need ("CON") regulations on the provisions of home health care services. CON regulations limit the entry of new providers of health care services. The study found that CON regulations do not contribute to more efficient operation of home health care firms. The study did find, however, some evidence that those regulations are associated with higher costs, and consequently higher prices, for home health services. Thus, the study report recommends elimination of CON regulators as they apply to the home health care market. We are using the study results to provide, upon request, comments to States that are considering the need for CON regulations in this area.

Hospital Services

The elderly make greater use of health care facilities, including hospitals, than other segments of the population. Thus, as a group, they stand to benefit more from effective competition among health care providers. In May 1987 the Commission's Bureau of Economics released a study of the extent and form of competition among hospitals. The study revealed evidence that price competition, while not robust, existed in the hospital industry during the study period (1977–78). Non-price competition, which has always flourished in the industry, continues. The study also found that certificate-of-need requirements, which were intended to control health care costs, actually raised hospital prices by four percent.

The Bureau of Economics, in addition, has undertaken a study of hospital merger policies in order to assist in the development of an effective antitrust policy toward hospital markets generally and hospital mergers in particular. This study is nearing completion.

Nursing Homes

Currently about 23,000 nursing homes provide care to approximately 1.4 million older residents in the United States. For some time, the Commission has been investigating marketing practicies in the nursing home industry. The Commssion staff has completed a consumer study as well as an industry survey designed to collect systematic evidence regarding the existence and incidence of unfair or deceptive practices and their potential for injury to prospective and actual nursing home residents. The results of these studies will provide information the Commission needs to determine whether further Commission action is necessary in this area.

Medicare Supplement Insurance

A majority of the Nation's elderly have at least one private health insurance policy to supplement their Medicare coverage. Allegations of various deceptive sales tactics, confusing policy provisions and low rates of return (expressed as the ratio of benefits paid to premiums collected) led to Congressional enactment in 1980 of the so-called "Baucus Amendment," which established minimum benefit standards and required certain disclosures about policy coverage for all policies marketed as "Medigap" policies. At Congress' request, the Commission is now conducting a study of Medigap and other forms of Medicare supplement insurance to examine the extent to which, if at all, unfair or deceptive acts or practices are used in the sale of such insurance. The study report is due to Congress by October 1988.

Prescription Drugs

Although persons aged 65 and over comprise only about 12 percent of the population, they consume over 30 percent of the prescription drugs nationwide. Consequently, savings on prescription drug purchases are especially significant for older consumers.

In 1979 the Commission's staff completed an examination of State laws that prevent pharmacists from substituting lower cost generic drugs for brand name pharmaceuticals, and concluded that support of physician dispensing of prescription medications. The staff commented that physician dispensing offers the prospect for more competition in the sale of prescription drugs and more choice and convenience for consumers.

Vision Care

Over 90 percent of persons aged 65 and over wear corrective lenses. The Commission has two programs designed to facilitate price competition among providers of vision care. The first, the "Eyeglasses Rule," gives consumers the legal right to obtain a copy of their prescription after having their eyes examined, thereby enabling them to comparison shop for eyeglasses.

The second program, known as "Eyeglasses II," involves an ongoing Commission rulemaking proceeding that is examining the effects on consumers of State and local restrictions on optometrists' forms of commercial practice. The proceeding is examining whether there are harmful effects that flow from restrictions on the practice of optometry, including regulations that prevent optometrists from practicing under a trade name, working for a lay corporation, locating their practice in a commercial setting, and operating branch offices. Rulemaking hearings have been completed and the Presiding Officer and Commission staff have prepared reports summarizing the evidence and making findings and recommendations to the Commission. Final staff recommendations have also been prepared. The Commission is currently considering the reports, recommendations and the record evidence and will soon decide whether to issue a rule.

Moreover, the Commission's staff this year filed formal comments with the State boards of optometry in Georgia and New Mexico and with the State of Sourth Carolina urging the removal of one or more statutory or board rule restraints on several forms of optometric practice, including bans on optometrists' ability to use trade names, affiliate with lay entities, operate branch offices and locate their offices in commercial settings.

Finally, the staff in similar comments submitted this year to the New Jersey legislature endorsed a proposed law that would permit opticians to fit contact lenses. The staff commented that the law could increase competition and lower prices for contact lens fitting services, without impairing the quality of eye care services. The staff recommended, however, that the proposed law's certification requirements be carefully examined to ensure that they go no further than necessary to ensure quality of care.

Dental Care

The Commission's staff is continuing its examination of the effects on consumers of certain restrictions (similar to those described in the discussion of "Eyeglasses II") on the practice of dentistry. The results of a study of the effects of such restrictions should be available early next year.

In May 1987, the Commission released a Bureau of Economics study examining the effects of State restrictions on the use of dental auxiliaries. The study concludes that relaxation of restraints on the number of dental hygienists that a dentist may employ would benefit consumers by allowing the production of equal quality services at a lower price. Nationally, consumers might save up to $700 million per year from the removal of restrictions on the use of hygienists.

Also in 1987 the Commission's staff filed formal comments with the State boards of dentistry in California, Georgia, Louisiana, and Virginia and with legislators in California and Missouri urging the removal of statutory or board rule restraints on several forms of dental practice, including bans on dentists' ability to use trade names, affiliate with corporate entities, operate branch offices and locate their practices in commercial settings, and restraints on the operation of prepaid dental plans. The staff commented that these restrictions may reduce competition in the market for dental services and raise prices above the level that would otherwise prevail, without providing any countervailing public benefits.

Physician Services

In November 1987, the Commission accepted a proposed consent agreement that would settle charges against anesthesiologists in the Rochester, NY, area, that they had restrained competition and conspired to increase the fees paid to them by insurers for providing anesthesia services. The proposed consent order would prohibit the anesthesiologists from entering into or advocating agreements to affect the amount or terms of reimbursement from third-party payors.

In March 1987, the Commission obtained a consent order prohibiting physicians in Meadville, PA, from refusing to deal with physicians and hospitals if their purpose is to unreasonably restrict competition. The order settled charges that the physicians made a collective threat not to refer patients to physician specialists at a hospital in Erie, PA, when some of the hospital's doctors announced plans to open a satellite office in Meadville.

These orders help reduce restrictions on older Americans' choice of physicians, reduce the costs they must pay for physician services, and increase seniors' access to health care by eliminating the need to travel greater distances to obtain health care services.

Also in 1987, the Commission staff filed formal comments with the Maryland State Health Services Planning Commission urging that certificate-of-need ("CON") regulations should not be extended to ambulatory/surgical care centers. Based on the Bureau of Economics' study of CON regulation effects on home health care services, the staff commented that such regulation would tend to raise costs, and consequently raise prices, for ambulatory/surgical care services.

In another formal comment in 1987, the Commission staff urged the Nevada Insurance Commission not to adopt a proposed regulation that would prohibit exclusive contracts between physicians and health maintenance organizations. The staff pointed out that such contracts may foster closer cooperative relationships between HMO's and their participating physicians, which can result in the provision of higher quality services to members at a lower cost. The staff also commented that such arrangements may help HMO's attract members, which increases competition among health care providers.

Physical Therapy Services

In 1987 the Commission's staff filed formal comments with the Nevada Attorney General and the New Jersey State Assembly in opposition to proposed laws that would limit consumers' choices in obtaining physical therapy services.

In Nevada, the proposed regulation would have prohibited physical therapists from accepting employment with physicians who prescribe physical therapy services. In New Jersey, the proposed law would have prohibited such employment and would have prevented physicians from having any financial interest in any business that provides physical therapy services or from referring patients to any such business. The staff commented in both cases that the proposals would unnecessarily limit competition among physical therapy providers and between those providers and physicians, thus denying consumers the benefits of the full range of service, price and quality options that a competitive market would offer. For example, the staff noted, under the proposed laws, an orthopedist and a physical therapist would be unable to open a joint practice that could reduce the administrative costs associated with consultation.

Chiropractic Services

In September 1987, the Commission issued an administrative complaint charging that the New York State Chiropractic Association, a private association of chiropractors, attempted to obtain an increase in the fees paid its members through an illegal conspiracy and boycott of a health insurance company by soliciting its members to resign from their participation in the insurance company's program. Administrative hearings are scheduled to shortly begin in the matter.

Restraints on Advertising by Health Care Professionals

Advertising by professionals in general, and by health care providers in particular, has grown tremendously since the mid-1970's. The Commission supports the rights of professionals to advertise truthfully. However, the Commission also recognizes the importance of policing the marketplace to ensure that health professionals do not engage in deceptive or misleading advertising practices.

The Commission's staff works closely with professional health care organizations to help them develop ethical codes that protect against deceptive advertising without infringing on the rights of professionals to advertise truthfully. In December 1985, for example, the Commission published the proceedings of a Commission-sponsored national symposium on "Advertising by Health Care Professionals in the 30's." The symposium featured experts in most facets of professional advertising and was attended by more than 100 representatives of health care groups. The program expanded the Commission's dialogue with these groups, which continued in 1987, and provided information needed by the Commission for an effective professional advertising enforcement program.

The Commission also continued its cooperative efforts with professional groups regarding allegations of deceptive advertising in the ophthalmic field. The Commission's staff, in conjunction with the American Academy of Ophthalmology and other professional ophthalmic groups, completed a study of consumers' understanding of various terms used in optometric advertising. Publication of the study results is expected early next year.

Additionally, the Commission's staff has filed comments with State legislators or regulatory bodies in several States over the last several years opposing proposed legislation and urging removal of various State regulations that restrict the ability of health care professionals to advertise nondeceptively. In 1987, comments about restrictions on advertising by dentists were filed in Florida, Georgia, Kentucky, Louisiana, Missouri, Montana, New Jersey, Tennessee, and Virginia, and optometrists in Georgia, New Mexico, and South Carolina. The staff also filed such comments regarding chiropractors in New Mexico and Idaho, podiatrists in Georgia and South Carolina, and occupational therapists, speech/audiology therapists and psychologists in South Carolina.

In addition, the Commission's staff this year completed or initiated new investigations of State professional board regulations that may unnecessarily restrict nondeceptive advertising by dentists and optometrists. These efforts led to the voluntary elimination in five States of many regulations that had increased consumer search costs and that may have increased prices for dental, optometric, and podiatric services in those jurisdictions.

The Commission also took formal enforcement action in several cases. For example, on October 14, 1987, the Commission accepted and placed on the public record for comment a proposed consent order that would prohibit the Wyoming State Board of Chiropractic Examiners, the licensing authority for chiropractors in Wyoming, from restricting the advertisement by chiropractors of prices, terms, or other truthful, nondeceptive information or from characterizing such advertising as unethical or unprofessional.

In December 1987, the Commission issued a final consent order that prohibits the Tarrant County Medical Society, a private association of physicians, from unreasonably restricting its members' truthful advertising through limitations on the amount, duration, and size of newspaper ads.

The consent orders permit older Americans and others to obtain truthful information about health professionals' prices, services, and qualifications and to receive the benefits of price and service competition among health professionals, but do not prohibit reasonable advertising guidelines that protect the public from false or deceptive advertising.

Finally, in June 1986 an administrative law judge upheld Commission charges that the Massachusetts Board of Registration in Optometry, the licensing authority for optometrists in Massachusetts, illegally restrained trade by: (1) prohibiting optometrists from truthfully advertising discounts from their usual fees and disseminating advertisements that the State board deemed "sensational" or that contained testimonials; and (2) prohibiting optical and other commercial establishments from advertising the names of affiliated optometrists or the availability of their services. The administrative law judge's order does not affect the board's authority to prohibit false or deceptive advertising but only prohibits the board from imposing restrictions on an optometrist's truthful advertising and offering of discounts. The ruling has been appealed to and oral argument heard by the Commission.

Food, Drug, and Health Care Advertising

i. Health Fraud

Elderly Americans spend considerably more per capita on health care than do other adults. An important part of the Commission's effort to protect the public from deceptive food, drug, and health care claims is its advertising monitoring program. In addition, the commission's ongoing contacts with other Federal and State officials have helped identify potential targets and projects. The Commission also obtains tips and project ideas from private groups such as the American Association of Retired Persons (AARP).

In 1985 the Commission, in conjunction with the FDA and the U.S. Postal Service, initiated a coordinated approach to combatting health care fraud. As part of this effort the FTC, FDA and U.S. Postal Service in 1985 published a pamphlet entitled "Quackery" to alert consumers to health fraud and its dangers. The FTC last year published another pamphlet, "Health Claims: Separating Fact from Fiction," which describes common techniques used to promote fraudulent products. Distribution of these materials to organizations on aging and others continued in 1987.

ii. Food and Food Supplement Advertising

The Commission also has an active program to police false and deceptive claims in food advertising. A U.S. Department of Agriculture study showed that persons over 65 spend about 22 percent of pre-tax income on food, compared to 17 percent for persons under 65. This increases to as much as 40 percent for those with smaller incomes. The Commission's staff conducts extensive monitoring to determine current issues in food advertising and to identify new ad campaigns of significance to consumers. For example, the staff's monitoring indicates that nutritional and other composition claims—e.g., low-sodium, low-sugar, low-calorie, high-fiber, low-caffeine—continue to be popular in food ads. Moreover, research conducted by the Roper Organization confirms that low/sodium and low/sugar claims are important to consumers.

In 1986 an administrative law judge ruled in an initial decision that General Nutrition Inc.'s advertisements claiming that its dietary supplement, "Healthy Greens," reduced the chances of contracting cancer were false. The administrative law judge entered an order prohibiting false and unsubstantiated advertising claims for any product marketed for its ability to prevent or reduce the risk of disease in humans. The case has been withdrawn from adjudication for consideration by the Commission of a proposed consent agreement.

In June 1987, the Commission issued an administrative complaint against Kraft Inc., alleging advertising misrepresentations of the calcium content of its Kraft Singles cheese. The complaint charges that Kraft falsely claimed that a slice of Kraft Singles cheese contains the same amount of calcium as 5 ounces of milk and that it contains more calcium than do most imitation cheese slices.

iii. Drug Advertising

The Commission is pursuing fraudulent or deceptive performance, pain relief, and safety claims in the drug advertising area. Such claims are likely to be important to older consumers because of the higher incidence of health problems among this population.

In a case involving arthritis-relief claims, the commission accepted a consent agreement this year with Walgreen Co., one of the Nation's largest retail drugstore chains, settling charges that the company did not have a reasonable basis for its claims that Advil and Nuprin pain relievers are effective anti-inflammatory drugs for arthritis and that they can be substituted for prescription forms of ibuprofen, the products' active ingredient. Walgreen has agreed that it will not make unsubstantiated advertising claims for Advil and Nuprin or any other over-the-counter product.

During 1987 the Commission also continued its litigation against Phillipe LaFrance U.S.A Ltd. regarding claims for its "sex nutrient pills," among other products. The Commission charged that the company deceptively claimed that the pills improved the sexual performance of otherwise healthy men low in the "sex nutrient." This advertising is targeted primarily toward older persons. In August 1987 the Commission obtained a settlement permanently enjoining seven mail-order firms and three individuals named in the complaint from making such representations and requiring the payment of $600,000 in civil penalties. Litigation against the remaining defendants is continuing.

In August 1987, the Commission ordered the maker of Shane toothpaste to have substantiation in the future for its advertising claims for the product. A consent agreement settled the Commission's allegations that the company deceptively claimed that its toothpaste cures gum disease, a serious problem for older citizens, and is superior to other toothpastes in reducing plaque. Under the agreement the company must have scientific evidence that the toothpaste cures or alleviates canker or cold sores, gingivitis or periodontitis, reduces tooth sensitivity, or reduces plaque more effectively than any other oral hygiene product.

In addition, the Commission has carefully monitored advertising for weight-reduction plans and products which have an appeal for many overweight older Americans. In 1987, the Commission settled a 1985 complaint that had challenged as false the advertising claims of Buckingham Productions Inc., marketers of the "Rotation Diet" (Buckingham Productions' "Rotation Diet" is not related to and should not be confused with Dr. Martin Katahn's currently available "Rotation Diet") and several related weight-reduction plans. Under a Commission consent agreement, Buckingham is prohibited from making potentially harmful claims that consumers can eat as much food as they want for 4 days each week and still lose weight if, on the other days, they follow a severely retricted low-calorie diet and take the company's vitamin supplements and wafers. The company also may not claim, among other things, that any product helps keep food from turning to fat, or that it stops hunger or prevents fatigue, unless such claims are true.

NON-HEALTH-RELATED ACTIVITIES

Funeral Services

In 1987 the Commission brought three enforcement actions for violation of its Funeral Rule. The Rule, which became effective in 1984, is of particular concern to older Americans. It requires funeral homes to make price information readily available to consumers over the telephone and in person, and further requires that funeral homes: (1) seek to obtain express approval from a family member or other authorized person prior to embalming the deceased for a fee; (2) permit consumers to use inexpensive containers for a direct cremation; (3) refrain from misrepresenting specific aspects of the funeral transaction, such as that embalming is required by law when it is not; and (4) make all disclosures in a clear and conspicuous manner. Two of these enforcement actions are now in litigation in Dallas, TX. The third resulted in a court-approved consent decree that imposed a civil penalty of $20,000. Other enforcement matters are under investigation or negotiation, and the Commission's staff during the past year opened a number of new investigations of possible Rule violations. Commission staff also continue to work closely with consumer and industry groups to educate their members about the requirements of the Funeral Rule.

In 1988 the Commission will initiate a proceeding to review the Funeral Rule to determine whether the rule should be retained unchanged, or be expanded, modified, or repealed. The review proceeding was established when the rule was issued in 1982 to afford the Commission the opportunity to amend the rule or repeal it if it is not working as expected or is no longer needed. In December 1987, an Advance Notice of Proposed Rulemaking ("ANPR") for this review was published in the Federal Register. The ANPR alerts consumers, the funeral industry and other interested parties to issues involved in the review proceeding, and seeks comments and information on questions about specific provisions of the rule and about how the rule has affected competition, prices and consumer behavior in purchasing funeral services. Because the costs of making funeral arrangements may impact acutely on older Americans, the Commission's staff during the review will particularly endeavor to solicit the views and concerns of older Americans.

Also in 1987 the commission staff provided comments on proposed legislation in Oregon regulating the sale of pre-need funeral plans. The staff commented that pre-need plans may result in significant advantages to consumers and suggested that the State encourage competition and innovation in this area. In this regard, the staff supported a proposal that would allow pre-need providers to obtain a performance bond instead of placing proceeds into a trust fund. The staff also supported reducing the percentage of the proceeds of pre-need funeral sales that must be placed in trust below the 100 percent required by Oregon law, suggesting that such a requirement can hurt consumers by increasing costs and reducing the number of competitors. Finally, the staff suggested that a proposal to require State certification of sellers of pre-arranged funeral plans could restrict entry into this industry and raise prices to consumers. The bill passed by the Oregon legislature reduced the level of trusting to 90 percent for price-guaranteed funeral contracts. The certification requirement was deleted in favor of requirements that appear to be less anticompetitive.

In addition to providing comments on legislative proposals, the staff is investigating State funeral board regulations that may restrict pre-need sales of funeral services. During 1987 these efforts led to the voluntary removal by one State board of its ban on pre-need solicitation of funeral services while another agreed to remove restraints on advertising of pre-need services. A third State board agreed to rescind certain formal interpretations of its rules that restricted funeral directors' ability to advertise pre-need services.

Mail Order and Door-to-Door Sales

The Commission, in issuing its Rule relating to mail order sales, noted that less mobile consumers, especially the elderly, frequently order by mail. The Rule gives consumers certain very important rights. It requires sellers to: Make timely shipment of orders, give options to consumers to cancel an order and receive a prompt refund or to consent to any delay, have a reasonable basis for any promised shipping dates (the Rule presumes a 30-day shipping date when no date is promised in an advertisement) and make prompt refunds. The Commission's staff works closely with industry members and their association to obtain widespread compliance with the Rule and initiates law enforcement actions where appropriate. In 1987 the Commission brought six cases and obtained civil penalty judgments totalling $963,000.

The Cooling-Off Rule is a further example of a Commission trade regulation rule which benefits all consumers but is especially relevant for elderly consumers. The Rule, which applies to sales of $25 or more taking place away from the seller's place of business, gives the buyer 3 business days to cancel the transaction. The Rule went into effect in 1974 and was designed to remedy high pressure sales tactics and deceit found to exist in sales occurring in buyers' homes and other places away from the sellers' place of business.

The elderly may be particularly at risk when involved with unscrupulous door-to-door salespersons. Often living alone, and perhaps having diminished sight or hearing, senior citizens may find it difficult to terminate in-home sales pitches or to verify claims made by salespersons.

In 1987 the Commission obtained a consent judgment to resolve charges that a company and several individuals violated the Rule in connection with the door-to-door sales of magazines. The Commission charged that the company misrepresented that buyers were getting a discount and failed to provide required cancellation notices. The judgement prohibits further violations of the rule and requires the company to pay a $20,000 civil penalty.

Delivery of Legal Services

In 1987 the Commission's staff continued its efforts to facilitate consumers' access to legal services. Removing unnecessary restrictions may benefit older Americans, whose income often exceeds limits established by government-sponsored assistance programs but may be insufficient to cover high legal fees.

In December 1984 the Commission released a staff report entitled "Improving Consumer Access to Legal Services: The Case for Removing Restrictions on Truthful Advertising." The report details the findings of a nationwide study of the effects on legal fees of State-imposed restrictions on truthful, nondeceptive lawyer advertising and other marketing practices, such as the use of trade names. The staff's findings indicate that restrictions on truthful, nondeceptive lawyer advertising may limit consumers' access to and increase the prices they must pay for legal services, including services for wills and trusts. Prices for these services may be of particular importance to the elderly. The report includes a Model Code that would remove unnecessary restrictions on lawyers' marketing practices and protect the public from misleading or overreaching communications. The Model Code offers States a pro-competitive model to use when considering changes in current State regulations governing lawyers' marketing practices.

In 1987 the Commission's staff filed formal comments with the American Bar Association and with a State bar committee or the highest court in Alabama, California, Florida, Georgia, Hawaii, Illinois, Kansas, Kentucky, Massachusetts, North Dakota, Oklahoma, West Virginia, and Wisconsin regarding particular proposed disciplinary rules. These letters focused primarily on the need to eliminate restrictions on the setting and division of attorneys' fees, on practice with nonlawyers, and on attorney advertising and solicitation. The removal of these restraints could promote price competition among lawyers, permit referrals and associations between attorneys, enhance the development of innovative and efficient forms of legal practice, and increase the information available to consumers regarding the price, availability, and nature of legal services. These efforts led to the voluntary relaxation or removal in Hawaii, North Dakota, and Wisconsin of at least some of the restraints on the delivery of legal services in those jurisdictions.

In addition, the staff in 1987 continued its investigation of advertising restrictions by a State bar association on lawyers' marketing of their services to the elderly.

Credit

The Commission protects older consumers by enforcing the age discrimination provisions of the Equal Credit Opportunity Act (ECOA). Although Federal law permits creditors to consider information related to age, creditors may not deny, reduce or withdraw credit solely because an otherwise qualified applicant is over a certain age. Moreover, retirement income must be included in rating a credit application, and credit may not be denied or withdrawn because credit-related insurance is not available to persons of a certain age.

The Commission's litigation efforts last year resulted in a significant Federal court ruling on the meaning of age discrimination under the ECOA. In *United States* v. *Landmark Financial Services*, which the Commission's staff litigated, a Federal district court in Maryland held that reliance on age alone to deny credit is prohibited by the ECOA. The court invalidated Landmark's policy of indiscriminately using the applicant's age to accelerate loan repayment terms for all applicants over the age of 65. This ruling is important in clarifying the extent to which creditors may consider the age of an elderly applicant together with other measures of an individual's creditworthiness.

Following the court's ruling, in December 1986, Landmark agreed to resolve the litigation by signing a consent decree. Landmark paid a civil penalty of $90,000 and was enjoined from denying credit or restricting loan terms to elderly applicants on the basis of age or mortality statistics. Landmark also agreed to notify elderly loan applicants who received loans with restricted terms that Landmark had terminated this discriminatory policy.

The Commission's staff has continued its investigatory testing program to monitor compliance with the Act. Testers pose as credit applicants to discover whether unlawful discrimination is occurring during the application interview that might otherwise go undetected. The testing program continues to be an efficient means of selecting targets for investigation and assessing compliance with the Act.

Investment Frauds

The Commission's investment fraud program is another example of a program that benefits all consumers, but especially older, retired citizens. Investment frauds, conducted by what are often termed "WATS-Line hustlers," frequently victimize the public through false promises of large returns on "safe" investments. These frauds obviously harm all investors, but they can particularly hurt older investors who are vulnerable to fraudulent operators and often ill-prepared to absorb the losses. Some investment fraud firms have bilked individual consumers of $5,000 to $10,000 or more by promising large returns for investments in gemstones, precious metals, rare coins, oil and gas leases, or cellular telephone licenses. These firms usually employ telephone room salespersons who use high-pressure, polished sales pitches.

Although fraud cases, especially those involving oral misrepresentations, are very difficult to investigate, the Commission has an active program to combat investment fraud. Since 1982 the Commission has succeeded in placing approximately 114 named defendants under preliminary or permanent Federal district court orders barring fraudulent and deceptive practices. The Commission also has obtained court orders freezing personal and corporate assets that may be used for consumer redress. In one case, for example, the Commission obtained an order freezing $10 million in assets. The staff estimates that since 1982 the Commission's actions have halted frauds that could have cost consumers $639 million if allowed to continue. To date the Commission's efforts have secured almost $33 million for consumer redress.

Telemarketing-Travel Scams

The Commission is very concerned about the proliferation of companies selling so-called bargain priced travel packages over the telephone, known as travel "scams." While travel scams victimize a broad cross-section of Americans, elderly consumers may be especially vulnerable for several reasons.

First, many elderly consumers have spent years in the work force saving and planning for travel during their retirement years. Thus, they provide a ready market for travel services. In addition, elderly citizens often have fixed incomes and seek "bargain" vacations. Finally, many elderly citizens may find telephone shopping to be a convenience; thus, telemarketers provide a convenient and sometimes essential means of purchasing goods and services, including vacation packages. For these reasons, the Commission is sensitive to the susceptibility of the elderly to travel scams.

In 1987 the Commission's staff has been investigating travel companies engaged in telemarketing fraud, and is monitoring the sales practices of many companies that sell vacation or travel vouchers and certificates. As a part of these efforts, the Commission recently filed lawsuits against Amy Travel Service, Inc., BankCard Travel Club, and World Travel, Inc., charging them with operating fraudulent travel scams. In each case, a preliminary injunction has halted the company's practices, and an asset freeze preserving funds for possible consumer redress is in effect. The Commission anticipates filing similar lawsuits in the near future.

Real Estate Services

The Commission is involved in several different facets of real estate services that are of particular concern to older Americans. For example, during the past few years foreclosure actions by lenders have increased, resulting in the establishment of new businesses that can generally be described as "foreclosure help companies." These firms advertise that they can help homeowners in financial difficulty. In 1987 the Commission continued to litigate its Federal district court injunction case against one such company—R.A. Walker and Associates, Inc. The Commission alleged that the company orally represented that the transactions entered into were "loans," when in fact the transactions were "sales." Older consumers were particularly affected by the alleged misrepresentations. The terms of a Commission-obtained preliminary injunction ensure that homeowners can remain in their homes while the case is pending.

The Commission's staff also has investigated other serious problems facing many consumers who used their homes as security for loans to pay medical bills or other personal debts. In 1987 the staff continued Federal district court litigation initiated in 1985 against Nationwide Mortgage Corporation, Community Mortgage Corporation, and 10 individuals. The Commission's complaint alleges that the defendants induced borrowers, including many elderly consumers, to take 1-year loans secured by their homes by falsely promising that the loans would be refinanced into long-term financing at the end of the year. When the defendants did not provide the promised long-term financing, several borrowers lost their homes in foreclosure. The complaint also alleges that although many of the loans were for personal debts, the defendant companies induced the borrowers to sign statements that the loans were for business purposes in order to avoid compliance with the Truth in Lending Act and other consumer protection statutes. All 12 defendants are under court order to refrain from the practices pending litigation of the charges. Several of the defendants currently are serving prison sentences as a result of criminal charges brought by the Department of Justice based on this evidence.

The Commission's staff also this year has been investigating restraints imposed by real estate multiple listing services. Real estate multiple listing services are associations of firms engaged in real estate services that provide a clearinghouse through which member real estate brokerage firms exchange information with one another on properties for sale in order to locate purchasers and transact sales more efficiently. The potentially anticompetitive restraints being investigated include maintaining bylaws and engaging in practices that exclude certain licensed real estate brokers from membership in the services or that restrict competition among the services' members. Removal of these restraints on residential real estate services may permit older Americans to enjoy increased price and service competition among real estate brokers.

On March 27, 1987, the Commission's staff filed an *amicus curiae* brief in the Superior Court of New Jersey in *Coldwell Banker Residential Real Estate Services Northeast, Inc.,* v. *New Jersey Real Estate Commission,* a case involving a constitutional challenge by Coldwell Banker to a New Jersey regulation prohibiting Coldwell from promoting its real estate brokerage business by offering discount coupons. The staff argued that the discount coupon offer was unlikely to result in fraud or deception and that the New Jersey restriction was likely to suppress beneficial price competiton.

Finally in 1987 the Commission's staff, in a letter to the Virginia Real Estate Board, endorsed the Board's proposed regulations to allow all real estate brokers, not just principals of firms, to operate through more than one brokerage firm. The staff recommended that the Board amend or delete other proposed and existing regulations that establish subjective criteria for whether a person may hold a license and that restrict a broker's use of his or her residence as a place of business.

Taxicab Regulation

The elderly are disproportionately heavy users of taxicabs. The Commission's staff in 1987 continued its efforts to encourage State and local governments to end regulation of rates charged by taxicabs and to remove limits on the entry of new providers of taxi services. These regulations unnecessarily limit competition and tend to raise prices in the taxicab industry. These efforts included the filing of formal comments with regulators in Cambridge, MA, and in Chicago, San Francisco, and Seattle.

SPECIAL OUTREACH TO ELDERLY GROUPS

This year, the Commission also initiated a special outreach effort to address the concerns of elderly consumers. In August and September, the Commission wrote to nearly 30 private associations and Federal organizations whose focus is on matters affecting the elderly. The Commission sought information from these groups about how the FTC might better serve the elderly population. As a next step, the Commission is considering holding a public hearing at which representatives of these organizations may present their ideas on what the FTC can best do to serve the Nation's senior citizens. Based on the hearing, the Commission may undertake one or more projects, investigations, or reports on subjects of particualr concern to the elderly.

CONSUMER EDUCATION ACTIVITIES AFFECTING OLDER AMERICANS

The Commission, through its office of Consumer and Business Education, is involved in preparing and disseminating numerous publications, public service announcements, and fact sheets of significant interest to older consumers. Some recent consumer education activities are described below.

Complaint Resolution and Shopping at Home

The Commission in 1987 continued its cooperative efforts with the American Association of Retired Persons (AARP) in distributing *How to Write a Wrong*, a booklet jointly developed by the Commission and AARP that explains how to complain effectively about consumer problems and get results. The booklet also contains information about two types of merchandising frequently aimed at older citizens: Door-to-door sales and mail order promotions. This booklet is a component of a training program developed by AARP for use in its 5,000 local offices around the country. The FTC, AARP, and the Consumer Information Center (CIC) in Pueblo, CO have distributed more than 500,000 copies of the publication since it was first published in 1983.

In 1987 the Commission conducted two shopping-at-home broadcast and print campaigns to alert consumers about telemarketing fraud. One television news release, distributed via satellite to more than 900 stations, cautioned consumers about travel scams sold by telephone. Produced in cooperation with the American Society of Travel Agents, the video release also offered a free brochure, "Telemarketing Travel Fraud." More than 30,000 copies of the brochure have been distributed. A second television news release, distributed via satellite to more than 700 stations, warned consumers about investment frauds being sold by telephone. Produced in conjunction with the National Association of Attorneys General, the video release also offered consumers a free brochure, "Telephone Investment Fraud." More than 50,000 copies of that brochure have been distributed by the FTC. Both campaigns had a positive response rate from station managers of 30 percent, which is considered excellent by the industry and which indicates approximately $300,000 of free air time per campaign. These two campaigns may have benefited the elderly in particular because, according to market research, they view television more heavily than other groups and are often home to receive phone calls from sellers.

Credit

To commemorate the tenth anniversary of the passage of the Equal Credit Opportunity Act, the Commission and AARP jointly published a brochure, "Credit and Older Americans." More than 13,000 free copies were distributed during 1987, primarily at the AARP conference on the subject. The FTC also published three other new credit brochures in 1987 that could be especially useful to older Americans: how to "Fix Your Own Credit Problems;" what to do about "Lost or Stolen Credit and ATM Cards;" and "Buying and Borrowing," a summary of information about buying on credit, buying on layaway, and buying by phone and mail. "Fix Your Own Credit Problems," which cautions consumers about credit repair clinics, was produced and distributed in cooperation with the Associated Credit Bureaus, Inc., the National Foundation for Consumer Credit, and CIC. More than 70,000 copies were distributed in English and Spanish. "Lost or Stolen Credit and ATM Cards," which discusses liability, was produced in cooperation with Citibank N.A. More than 21,000 free copies were distributed. "Buying and Borrowing" was produced and distributed with the U.S. Office of Consumber Affairs and CIC. More than 28,000 copies have been distributed.

Funerals

In 1987 the Commission continued its print education campaign explaining key elements of the Funeral Rule. In response to individual requests, the staff and the CIC sent out more than 30,000 copies of the consumer brochure explaining the rule, bringing total distribution of this brochure to more than 200,000.

Health

In 1987 the Commission and AARP distributed more than 237,000 copies of "Healthy Questions," their joint publication. This booklet explains how to select and use the services of health care professionals, including doctors, dentists, pharmacists, and vision care specialists.

In 1985 the Commission jointly sponsored a national health fraud conference and consumer publication, "Quackery," with the Food and Drug Administration (FDA) and the U.S. Postal Service. As a follow-up to these efforts, the FTC in 1986 participated in 23 health fraud conferences around the country, primarily in conjunction with FDA. The Commission also produced a consumer fact sheet, "Health Claims: Separating Fact from Fiction," on specific aspects of health fraud, and in 1987 distributed free more than 19,000 copies to organizations on aging and others.

Housing

In cooperation with AARP, the Commission developed a publication entitled "Your Home, Your Choice: A Workbook for Older Persons and Their Families." The publication addresses independent and assisted living options for older persons, including home health care, nursing homes, and life-care facilities. Such information is important for older Americans because more than 90 percent of persons over age 65 live in some form of "independent" housing. In 1987 the booklet was distributed free to more than 147,000 requesters by AARP and the Commission. In addition, AARP uses the workbook as a component in one of its training programs.

In 1986, the Commission published and distributed a brochure called "Real Estate Brokers" to help familiarize consumers with ways to protect their interests when buying or selling a home. The brochure explains technical terms that are used in the industry and elaborates on matters relating to real estate contracts. More than 15,000 copies of the free brochure were distributed in 1987 to organizations on the aging and others.

The Commission also released last year a consumer booklet, "How to Buy a Mobile Home," in cooperation with the Manufactured Housing Institute (MHI). The booklet discusses warranties and other consumer protections and explains the importance of home placement, site preparation, transportation, and installation. MHI released the publication at its 50th annual National Housing Show in Louisville, KY. It made 115,000 booklets available to manufacturers, who distributed them to retail sales centers for point of sale availability to consumers. MHI also provided copies of the booklet free to CIC for distribution. To date, some 46,000 copies of the booklet have been requested. In a survey conducted by CIC of the booklet's readers, 45 percent of the respondents were 55 years of age or older.

Money Matters

As a companion piece to "Healthy Questions," the Commission, in cooperation with AARP, developed a consumer publication called "Money Matters," which explains how to select and use the professional services of lawyers, accountants, financial planners, real estate brokers, and tax preparers. In 1987 the booklet was distributed to 292,000 requesters by AARP, CIC, and the FTC. Distribution of the booklet significantly increased during 1987 as a result of a joint FTC-AARP television news release, which was sent via satellite to 450 stations. The video release gave advice about selecting a financial advisor and promoted the availability of the free booklet.

CONCLUSION

In this report we have reviewed Commission programs that are of special significance to the elderly. We emphasize, however, that the elderly also benefit very substantially from the Commission's general enforcement activities. In all of its work the Commission is guided by the conviction that vigorous and honest competition is the best mechanism for satisfying consumer needs at the lowest possible cost. Competitive markets are particularly important to elderly persons, who may be less mobile and limited in their ability to comparison shop. Commission efforts to halt consumer deception and eliminate anticompetitive conduct are designed to keep markets free and fair, and thereby promote the welfare of all consumers.

ITEM 21. GENERAL ACCOUNTING OFFICE

DECEMBER 15, 1987.

DEAR MR. CHAIRMAN: This report is in response to your September 14, 1987, request for a compilation of our fiscal year 1987 activities regarding older Americans.

Appendix I lists 54 issued products—37 reports, 14 briefing reports (BR), and 3 fact sheets (FS). Reports and briefing reports may include conclusions and recommendations, while fact sheets contain only information and limited analyses. Appendix II lists 55 assignments that we had in process as of September 30, 1987.

In appendix III, we present our employment policies, which prohibit age discrimination. On September 30, 1987, 44.9 percent of our work force was 40 years of age or older. We continue to provide individual retirement counseling and group preretirement seminars.

As arranged with your office, we are sending copies of this report to interested congressional committees and subcommittees. Copies will also be made available to others on request.

Sincerely yours,

EDWARD A. DENSMORE,
(For Richard L. Fogel, Assistant Comptroller General).

Enclosures.

APPENDIX I—GAO REPORTS RELATING TO ISSUES AFFECTING THE ELDERLY ISSUED FROM OCTOBER 1, 1986, THROUGH SEPTEMBER 30, 1987

Following are brief descriptions of the GAO reports relating to the elderly issued during fiscal year 1987. An asterisk after the report title indicates that the review was performed at the request of Committees or Members of Congress.

Medigap Insurance: Law Has Increased Protection Against Substandard and Overpriced Policies (GAO/HRD-87-8, Oct. 17, 1986)*

Medicare pays much of the health care costs of the elderly, but beneficiaries are responsible for paying deductibles and coinsurance. Almost from the beginning of Medicare, private insurers have offered insurance contracts, called Medigap policies, that supplement Medicare benefits. In 1980 the Congress amended the Social Security Act to establish standards for Medigap insurance policies. To be certified by the Secretary of Health and Human Services, such policies must provide at least a minimum level of benefit coverage and include certain provisions and set minimum expected levels of benefit payouts, called loss ratios.

GAO found that Medigap policies sold by commercial insurers with more than $50 million in premiums and Blue Cross/Blue Shield plans generally met the loss ratio requirements. However, over 60 percent of the commerical insuance policies with premiums under $50 million in 1984 did not meet those requirements.

GAO reported that differences in benefit coverage and loss ratios among policies illustrate the importance of comparison shopping; to assist the elderly, the federal and state governments have made available information useful in shopping for Medigap insurance. Although abuses still occur in the sale of Medigap policies, many states have attempted to prevent abuse through such actions as monitoring sales and advertising practices, revoking or suspending insurance agent licenses, and issuing cease and desist orders to insurers.

Medicaid: Results of Certified Fraud Control Units (GAO/HRD-87-12FS, Oct. 21, 1986)*

This fact sheet includes information on the 36 states that had Medicaid fraud control units as of September 30, 1985. It presents the results of GAO's efforts to determine, for States with certified fraud control units,

—their expenditures, including the Federal and State governments' share of the expenses, for fiscal years 1984-85;

—their results, including the number of convictions obtained, fines imposed, restitution ordered, and overpayments identified for calendar years 1984-85 and their deterrent effect; and

—changes that could strengthen their fraud control efforts.

GAO obtained information from two major sources: (1) quarterly statistical data submitted by the fraud units to the Department of Health and Human Searvices' (HHS) Office of the Inspector General and (2) a questionnaire sent to the 36 certified units in operation during fiscal year 1985.

Pensions: Plans With Unfunded Benefits (GAO/HRD-87-15BR, Oct. 22. 1986)*

The vested benefits of about 30 million people participating in about 110,000 pension plans are guaranteed, within certain limits, by a government insurance program. The program, established in 1974 by the Employee Retirement Income Security Act, is administered by the Pension Benefit Guaranty Corporation (PBGC). When a plan terminates with insufficient assets to pay guaranteed benefits, PBGC becomes plan trustee and assumes responsibility for paying the benefits. Claims from underfunded plans that are financed from annual premiums paid to the program by ongoing plans.

Between the act's enactment and the end of fiscal year 1985, about 1,100 plans terminated with claims against the program because they were underfunded. Claims, which have been especially large in recent years, have exceeded income, causing the insurance program to operate at a deficit—estimated at $1.3 billion as of September 30, 1985.

GAO's analysis of the extent of vested benefit underfunding in 1983 covereed 14,581 of the universe of about 22,000 large defined benefit plans (those with 100 or more participants).

GAO concluded that the contingent liability to PBGC's insurance program is significant and growing. Considering the insurance fund's current deficit, GAO believes that the program could be in jeopardy if the recent trend in the termination of plans with large amounts of unfunded benefits continues.

Social Security: Adjusting Continuing Disability Review Priorities (GAO/HRD-87-4, Oct. 22, 1986)*

GAO reviewed the Social Security Administration's (SSA's) plans for resuming continuing disability reviews (CDRs) involving SSA's implementation of the medical improvement review standard. GAO was concerned that the limited CDR resources of the states' Disability Determination Services (DDSs) were not concentrated on the CDR cases that (1) would produce the most savings to the trust fund because medical improvement is highly possible and (2) involve claimants who have had actions pending on their cases for some time.

In preparing to resume the CDR process, SSA developed a national case workload plan for state DDSs. This plan, released in July 1985, placed all types of CDR cases into categories to more clearly reflect the nature of the CDR's—decision review cases, medical improvement expected cases, medical improvement possible cases, and medical improvement not expected cases.

SSA was aware that the medical improvement not expected cases would yield a lower rate of benefit cessations than the medical improvement expected and decision review cases. An SSA study had indicated that the medical improvement not expected cases would have a cessation rate of only about 5 percent, whereas the decision review and medical improvement expected cases would have cessation rates of 72 and 35 percent, respectively.

SSA's CDR workload plan as of May 1986 for decision review cases did not account for 40,000 "rescinded cessation cases" and included 18,000 prior cessation cases in the medical improvement expected category to be distributed in fiscal year 1987. GAO believes that there is a high probability that many of these 58,000 beneficiaries will have medically improved and that delay in re-reviewing these cases will result in the trust fund paying excessive benefits.

Pension Plans: Government Data on Terminations With Excess Assets Should be Improved (GAO/HRD-87-19, Nov. 12, 1986)*

A defined benefit pension plan's assets consist of the employer's contributions required by federal funding standards and the investment return on the contributions. When a plan is terminated, assets in excess of those needed to pay plan participants' benefits may revert to the employer. Employers terminating their defined benefit plans may provide replacement pension plans to cover employees.

Members of the Congress have expressed concern that defined benefit pension plan terminations with excess assets can adversely affect active (working) participants if the participants do not receive continuing pension coverage or if the coverage received does not provide at least the same benefits as before the termination. They and government agency officials (policymakers) have considered options for mitigating the potential adverse effects. This report discusses GAO's review of the data reported by the PBGC on so-called "spinoff" terminations with excess assets.

GAO found that some reported spinoffs involved working participants whose pension coverage changed. According to PBGC officials, PBGC, in its monthly report on terminations with excess assets, categorizes a termination as a spinoff when a plan is separated into two plans and one is terminated, irrespective of how working participants' pension coverage is affected.

GAO concluded that to decide if changes should be made to mitigate the potential adverse effects of terminations with excess assets on participants' pension coverage, policymakers need data showing the types of continuing coverage, if any, that participants receive after spinoff terminations. PBGC does not provide such information, however, and some plan terminations reported by PBGC in 1985 as spinoffs included working participants who received on continuing pension coverage or different coverage that may give them higher or lower benefits than before.

Health Facilities: New York State's Oversight of Nursing Homes and Hospitals (GAO/HRD-87-24, Nov. 28, 1986)*

Nursing homes and hospitals in New York State are inspected by the State Department of Health to ensure that the facilities comply with federal standards for participation in the Medicare and Medicaid programs. These inspections are made under an agreement between the State and HHS.

This report was prepared because of allegations concerning defects in the State's inspection process—particularly in New York City—that could lead to the certification of substandard facilities to participate in the programs, thereby resulting in beneficiaries receiving substandard care.

GAO's review did not substantiate the allegations. GAO did identify, however, some problems with the State's processes for inspecting facilities and investigating complaints about them.

Medicare: Need to Strengthen Home Health Care Payment Controls and Address Unmet Needs (GAO/HRD-87-9, Dec. 2, 1986)*

While families and friends provide most home care assistance for the elderly, Medicare paid about $1.7 billion for home health care services in fiscal year 1985—more than six times the amount paid in 1976. The Medicare home health benefit is intended to provide skilled nursing assistance to the elderly. In addition to medical services, the benefit covers personal care and, to a limited extent, homemaker services (such as washing clothes and preparing meals).

Because adequate alternative sources of home care services are lacking, the Medicare home health benefit is also being used to meet the needs of the chronically ill. Limiting this benefit to short-term assistance could, therefore, increase the unmet home care needs of chronically ill persons. The rapidly expanding elderly population heightens the need to consider alternative ways to meet these needs.

Reviews by GAO in 1981 and by HHS in 1984 identified material weaknesses in internal controls over payment for Medicare home health services. This report states that HHS has been slow to implement changes to strengthen management controls in response to GAO's 1981 recommendations.

This report also summarizes concerns expressed by the home health industry and others about the effects tighter program controls would have on Medicare beneficiaries' ability to obtain needed home care services. GAO points out that HHS, however, has not evaluated available data to determine what effect stronger controls would have on unmet need for home health care assistance.

Social Security Disability: Implementation of the Medical Improvement Review Standard (GAO/HRD-87-3BR, Dec. 16, 1986)

This briefing report discusses SSA's and the State DDS's implementation of the medical improvement review standard, which resulted from the Social Security Disability Benefits Reform Act of 1984.

GAO provides information on SSA's efforts in resuming CDR's and its future plans for conducting these reviews.

Medical Malpractice: Six State Case Studies Show Claims and Insurance Costs Still Rise Despite Reforms (GAO/HRD-87-21, Dec. 31, 1986)

During the mid-1970's, the unavailability and increasing cost of medical malpractice insurance prompted 49 States to enact various reforms. GAO obtained views of organizations representing physicians, hospitals, insurers, and lawyers in six selected States on perceived malpractice insurance problems, such as the cost and availability of insurance, number of claims filed, and size of malpractice awards/settlements; actions taken to deal with them; the results of these actions; and the need for federal involvement.

GAO reported that reforms to deal with medical malpractice problems can focus on changing the tort system, changing the way public bodies and peer groups regulate health care providers, changing the way the insurance industry is regulated, and developing realistic consumer expectations about the health care delivery system. Most of the changes made by the six states to respond to the crisis of the mid-1970's focused on tort reforms designed to assure the availability and to reduce the cost of malpractice insurance.

While it is possible that the reforms which focused on changing the tort laws moderated upward trends in some States, GAO data showed that since 1980, insurance costs for many physicians and hospitals increased dramatically, as did the number of malpractice claims filed and the average amounts paid.

Medical Malpractice: Case Study on Arkansas (GAO/HRD-87-21S-1, Dec. 31, 1986)

Although medical malpractice insurance rates have increased since 1980, the cost of this insurance for physicians and hospitals in Arkansas was not viewed as a major current problem by the six interest groups GAO surveyed. Major problems were expected to develop in the future, however, regarding the cost and availability of malpractice insurance, legal expenses/attorneys' fees for malpractice claims, and physicians' actions to reduce or prevent malpractice claims.

Although the State enacted some tort reforms to address medical malpractice problems, the interest groups GAO surveyed believed the reforms had not had much effect. There was little support for Federal involvement in the medical malpractice situation in Arkansas, and most groups believe that problems should be addressed at the State rather then the Federal level.

Medical Malpractice: Case Study on California (GAO/HRD-87-21S-2, Dec. 31, 1986)

California health care and insurance officials that GAO contacted generally believe that the State's comprehensive 1975 medical malpractice legislation, which has survived numerous constitutional challenges, has helped to moderate increases in malpractice insurance costs and malpractice awards/settlements. These officials told GAO that they expect the legislation to have a greater effect in the future since the California Supreme Court has upheld the major provisions as constitutional, and the U.S. Supreme Court has twice refused to hear cases regarding this legislation. Despite these efforts, however, physician and hospital malpractice premiums are continuing to rise, as are the number and size of malpractice claims and settlements.

The California Trial Lawyers Association believed that legislation had impaired the rights of the malpractice victim to receive fair compensation for injuries caused by health care providers' negligence.

California's health care providers and malpractice insurers still believe that there are major problems in the State regarding (1) the high cost of malpractice insurance, (2) the excessive size of malpractice awards/settlements, (3) the high legal costs associated with defending claims, and (4) the incentive to perform medically unnecessary procedures to reduce the risk of liability (i.e., defensive medicine).

There was no widespread support for any federal involvement among the groups GAO surveyed. Officials generally believed that malpractice problems should be addressed at the State level.

Medical Malpractice: Case Study on Florida (GAO/HRD-87-21S-3, Dec. 31, 1986)*

Florida's medical malpractice insurance crisis in the mid-1970's was one of availability, largely due to the withdrawal of threatened withdrawal of several large medical malpractice insurers in the State. By the mid-1980's, the problem had shifted to one of affordability.

The Florida legislature responded with legislation in 1974, 1975, 1976, 1985, and 1986. None of the interest groups GAO surveyed believed that the tort reforms enacted in the mid-1970's have had a major effect on the cost of insurance, the frequency of claims, and the size of awards/settlements. GAO data showed that the cost of insurance increased greatly between 1980 and 1986 and the frequency and size of claims also increased between 1980 and 1984 but somewhat less significantly.

Regarding the 1985 legislation, representatives of several interest groups believe certain aspects of the act, such as increased emphasis on risk management and disciplinary measures against physicians with malpractice histories, will have some benefit. A majority of the groups GAO surveyed expressed support for several provisions of the 1986 act, such as a cap on awards for pain and suffering and the elimination of joint and several liability for the noneconomic portion of damages.

Medical Malpractice: Case Study on Indiana (GAO/HRD-87-21S-4, Dec. 31, 1986)*

State officials generally believed that Indiana's Medical Malpractice Act of 1975 and subsequent amendments have greatly stablized the malpractice insurance situation during the past 11 years by holding down premium costs and attracting additional companies into the State market. They pointed out that insurance costs for Indiana physicians and hospitals, before increases in 1985, were among the lowest in the Nation, compared to the mid-1970's, when they were higher than most neighboring States.

A key provision of the act was the establishment of the Patient's Compensation Fund to pay malpractice awards or settlements in excess of $100,000 up to a $500,000 cap. To participate, physicians and hospitals pay a surcharge based on the premiums paid to their insurance companies for the basic coverage. Indiana officials were concerned that the increasing number and size of payments from the fund might adversely affect its solvency. According to the Indiana Department of Insurance, the fund was kept solvent in 1984 only by a transfer of $7.2 million from the reserves of the State's medical malpractice joint underwriting association.

Several actions have been taken in recent years to strengthen the fund's ability to remain solvent. These actions include (1) increasing surcharges, (2) allowing the Department of Insurance to hire private-sector lawyers and other personnel to help defend claims against the fund, and (3) permitting periodic payments in lieu of lump-sum payments.

Medical Malpractice: Case Study on New York (GAO/HRD-87-21S-5, Dec. 31, 1986)*

New York's medical malpractice insurance crisis in the mid-1970's was one of availability, primarily due to the withdrawal of two large insurers. By the 1980's, the problem shifted to affordability, as companies raised their rates. The New York State legislature responded to malpractice insurance problems by several legislative initiatives—the latest in 1985 and 1986. Although it is too early to tell how effective the latest reform will be, insurance rates have continued to climb for hospitals and physicians, particularly for high-risk specialties. The rates are among the highest in the Nation.

Of the interest groups surveyed, New York's Hospital Association, Bar Association, and the Trial Lawyers Association supported additional actions to strengthen licensing and relicensing of physicians. To regulate the profession, the New York Bar Association favored setting insurance rates for physicians according to their malpractice claims and loss experience rather than revoking physician licenses.

There was no agreement among the interest groups surveyed that the Federal Government should assume a role in addressing medical malpractice insurance problems. Only the physician organizations surveyed supported a Federal role to develop a uniform system for resolving medical malpractice claims.

Medical Malpractice: Case Study on North Carolina (GAO/HRD-87-21S-6, Dec. 31, 1986)*

Since 1980, medical malpractice insurance premiums have increased significantly for physicians and hospitals in North Carolina. The frequency of claims and the average paid claim also increased between 1981 and 1984 for physicians and hospitals.

Several interest groups identified major current medical malpractice problems regarding the increasing size of malpractice awards/settlements, the equity of awards/settlements for malpractice claims, and legal expenses for malpractice claims. The groups expect these problems to continue and anticipate that the cost of malpractice insurance and the number of claims filed would become major problems in the future. To address malpractice problems, four of the six interest groups GAO contacted strongly supported use of risk management programs designed to reduce the incidence of malpractice claims by eliminating problems that result in those claims.

The groups surveyed by GAO supported state rather than Federal actions to address malpractice problems.

Posthospital Care: Discharge Planners Report Increasing Difficulty in Placing Medicare Patients (GAO/PEMD-87-5BR, Jan. 23, 1987)*

In this report, GAO summarizes information obtained from hospital discharge planners regarding their perceptions about problems in placing Medicare patients in posthospital care and the reasons for those problems.

This information was collected in a sample survey of 935 Medicare certified acute care hospitals. To GAO's knowledge, it is the first nationally representative study of changes believed to be occurring in Medicare patients' access to posthospital care.

Mental Health Care: Licensing and Certification Requirements for Staff in State Hospitals (GAO/HRD-87-38FS, Jan. 29, 1987)*

In this fact sheet, GAO reported information from 39 States on the minimum licensing and certification requirements for physicians, psychiatrists, psychologists, social workers, and nurses who work directly with patients in State mental hospitals.

The minimum licensing and certification requirements for these professionals varied among the 39 States.

Medicare: More Hospital Costs Should be Paid by Other Insurers (GAO/HRD-87-43, Jan. 29, 1987)*

To help control rising Medicare costs, the Congress has required that, in certain cases, health and accident insurers covering Medicare beneficiaries pay medical claims ahead of Medicare. While the percentage of beneficiaries having insurance that pays before Medicare is relatively small (an estimated 4 percent), hundreds of millions of dollars in annual savings is achievable by billing such coverage.

In this review, GAO sought to determine whether HHS, which administered Medicare, could improve existing policies and procedures for identifying and billing other insurers that should pay for hospital claims before Medicare. GAO identified the problems that appeared to be the main hindrances to a more effective system for identifying and billing primary insurers and made several related recommendations to HHS.

Social Security: Demonstration Projects Concerning Interviews With Disability Claimants (GAO/HRD-87-35, Feb. 19, 1987)*

SSA's demonstration projects involve interviews with disability claimants at the initial decision level, before a final unfavorable decision is made by the State disability agencies. The claimants are initial applicants and beneficiaries whose claim are being examined for eligibility through continuing disability reviews. The demonstration projects were mandated by the Social Security Disability Benefits Reform Act of 1984.

For this report, GAO discussed implementation with officials from SSA and participating states, reviewed the scope of work for the contractor hired by SSA to evaluate the projects, and reviewed the contractor's design and analysis plan.

GAO found certain factors that may detract from a successful demonstration and made several recommendations to SSA to help ensure that the demonstration and its evaluation provide the Congress with objective and meaningful data.

Health Facilities: Problems at Harlem Hospital in Complying With Medicare Standards (GAO/HRD-87-58, Feb. 20, 1987)*

GAO obtained information on the Harlem Hospital Center's compliance with Medicare standards and determined the actions the New York State Department of

Health and HHS's Health Care Financing Administration (HCFA) have taken in response to deficiencies found at the hospital.

These deficiencies were persistent and serious, with many involving actual or potential patient harm. As a result, the State fined the hospital for violating State hospital standards, and the hospital agreed to a corrective action plan. In addition, HCFA, which administers Medicare, (1) concluded that the hospital was not meeting Medicare standards and (2) directed the State, which serves as HCFA's agent, to monitor the actions the hospital had taken to correct its deficiencies.

Budget Reduction: Effect of 1986 Sequestration on National Institute on Aging (GAO/HRD-87-54BR, Mar. 6, 1987)*

Under the Balanced Budget and Emergency Deficit Control Act of 1985, known as the Gramm-Rudman-Hollings Act, the National Institute on Aging's (NIA) fiscal year 1986 budget authority was reduced by 4.3 percent. In congressional testimony on the potential effects of this reduction, the Director of NIA anticipated that

—the reduction would result in each of NIA's seven budgetary line items being reduced by 4.3 percent,

—the total number of research grants would be reduced,

—the funding for the Alzheimer's disease research centers could not be protected, and

—delays would occur in funding certain Alzheimer's disease research projects.

In response to a congressional request, GAO reviewed NIA budget and grant information and interviewed various NIA officials and found that although the overall appropriation of $156.5 million was reduced by 4.3 percent, or $6.7 million, the anticipated effects did not materialize.

Medicaid: Lessons Learned From Arizona's Prepaid Program (GAO/HRD-87-14, Mar. 6, 1987)

In 1985, providing medical care for low-income persons through the federally funded, State-administered Medicaid Program cost about $38 billion. Resulting financial strains on both the Federal and State governments have sparked national interest in ways to constrain these costs.

One experiment to limit Medicaid costs is Arizona's Health Care Cost Containment System, under which the State contracts with prepaid health plans to provide comprehensive medical care for a set monthly fee per patient.

GAO reviewed the program's first 3 years of operation (Oct. 1982–Sept. 1985) to examine Arizona's approach to

—competitive bidding for procuring health plan contracts,

—collection of utilization data from the prepaid plans on the health care services provided, and

—financial oversight of the prepaid health plans.

The Arizona program experienced numerous start-up problems that prevented an assessment of the effectiveness of its cost containment feature. GAO believes other States considering prepaid Medicaid programs can learn from Arizona's problems and solutions.

Insurance Reserves: Strategies for Regulating the Federal Employees Health Benefits Program (GAO/HRD-87-10, Mar. 6, 1987)*

The Federal Employees Health Benefits Program (FEHBP) is administered by the Office of Personnel Management (OPM) through contracts with participating health plans. In 1985, the program insured more than 8 million federal employees, annuitants, and dependents though 212 health plans that received about $6.4 billion in premiums.

In 1985, FEHBP reserves were record-breaking, accumulating more than $2 billion in reserve surplus and precipitating the program's first refund. Just 4 years earlier, certain FEHBP health plans faced financial difficulties because their research holdings were near depletion.

FEHBP reserves have fluctuated widely from their targets, needing frequent and often substantial adjustments to keep them at, or near, the preferred levels. With the number of uncertainties inherent in estimating health care costs, GAO doubts that OPM and the plans can set premiums accurately enough to avoid these reserves fluctuations. Consequently, OPM needs to use the best means available to equitably adjust reserves.

OPM and the plans have three strategies to regulate reserves—adjusting future premiums, modifying future benefits, or giving refunds. These strategies can also be used in combination. In GAO's opinion, adjusting future premiums is the best strategy.

Social Security: Staff Reductions and Service Quality (GAO/HRD-87-66, Mar. 10, 1987)*

In January 1985, the administration announced its intention to reduce SSA staff by 17,000, or 21 percent, through fiscal year 1990.

This is the first of three required reports on SSA staff reductions and the quality of service provided to the public. The report (1) discusses changes in traditional SSA service level indicators, such as payment accuracy and claim processing time; (2) analyzes current and past SSA staffing levels; (3) presents the views of SSA employees, managers, and clients on the quality of SSA service; (4) analyzes workloads and processing times for 15 SSA field offices that experienced significant staff reductions; and (5) examines SSA staff reduction actions in implementing its fiscal year 1987 budget.

Overall, SSA's traditional performance measures through December 1986 generally showed stable performance since fiscal year 1984—the year before the start of the staff reduction program. Similarly, about 80 percent of SSA clients GAO surveyed said that overall the quality of SSA service was good. GAO found that the 6-year staff reduction program is generally on schedule.

Social Security Administration: Stable Leadership and Better Management Needed to Improve Effectiveness (GAO/HRD-87-39, Mar. 18, 1987)

In fiscal year 1986, SSA employed about 78,000 people and spent $3.9 billion to administer programs that paid $200 billion in benefits to about 37 million people. While aspects of Social Security policy, such as eligibility or benefit levels, have always received public and congressional attention, less attention has been given to SSA's management.

GAO reviewed SSA's management of its program operations and found that SSA has serious management problems that, while not clearly visible to the public, have contributed to crisis situations in the past and could interfere with SSA's ability to effectively accomplish its mission in the future.

This report contains many specific recommendations to the Social Security Commissioner to improve management of the agency, but the most important recommendations are to the Congress and the President.

Pension Plans: Government Insurance Program Threatened by its Growing Deficit (GAO/HRD-87-42, Mar. 19, 1987)*

The Employee Retirement Income Security Act of 1974 established funding standards and an insurance program to protect the benefits of about 30 million participants in over 110,000 single employer defined benefit pension plans. As of September 1985, the insurance program reported a deficit of $1.3 billion but in January 1987 the deficit was estimated to be about $4 billion. The Single Employer Pension Plan Amendments Act of 1986 included provisions to improve the program's financial condition.

In this report, GAO assessed the causes of large claims against the program and the potential effects of the 1986 amendments on the program.

GAO concluded that the positive effects of the 1986 amendments may not be enough to ensure the program's long-term financial viability and further changes may be needed to control program claims and finance those that do occur.

Medicare and Medicaid: Effects of Recent Legislation on Program and Beneficiary Costs (GAO/HRD-87-53, Apr. 8, 1987)*

During the 1970's, Medicare and Medicaid Program costs grew rapidly—Medicare costs rose from about $6.9 billion in fiscal year 1970 to about $28.2 billion in fiscal year 1979, while Medicaid expenditures rose from about $4.6 billion to about $20.5 billion. During the following 7 years, 1980-86, the Congress enacted more than 30 laws that affected these two health insurance programs.

This report provides GAO's analyses of the effects of major legislative changes from 1980 to 1986 on Medicare and Medicaid Program costs and the out-of-pocket costs to the programs' beneficiaries.

Medicaid: Addressing the Needs of Mentally Retarded Nursing Home Residents (GAO/HRD-87-77, Apr. 15, 1987)

Established as a partnership between the Federal and State governments, Medicaid finances care for the retarded in nursing homes. In addition to meeting the medical needs of their residents, nursing homes are required to provide services to their mentally retarded residents to help them function independently.

This report discusses GAO's review of Medicaid management controls and whether they adequately ensure that mentally retarded nursing home residents receive the services they need to help them function independently. In its review of three States' nursing homes, GAO found that mentally retarded residents' active treatment needs were not being identified and met.

Medical Malpractice: Characteristics of Claims Closed in 1984 (GAO/HRD-87-55, APR. 22, 1987)*

Since national data on medical malpractice claims had not been collected since 1978, GAO undertook a review to obtain information that would answer the following questions:

—How many malpractice claims were closed?
—How many health care providers were involved?
—What were the allegations of negligence leading to the claims?
—How much was paid to those who filed claims?
—What were insurers' costs to investigate and defend the claims?

To do this review, GAO analyzed data from a random sample of malpractice claim files closed in 1984 by 25 insurers. The insurers were randomly selected from a universe of 102 insurers that wrote a total of $2.3 billion in direct premiums in 1983 for medical malpractice insurance.

Medicaid: Determining Cost-Effectiveness of Home and Community-Based Services (GAO/HRD-87-61, Apr. 28, 1987)

In passing the 1981 Ominbus Budget Reconciliation Act, the Congress authorized adding home and community-based services to the Medicaid program through the use of waivers. The intent was to offer alternatives to nursing home care without increasing Medicaid costs. In principle, by providing certain kinds of social services (such as help with cooking, housekeeping, or such personal care needs as bathing) to people living in the community, nursing home care can be avoided or postponed.

To provide these alternative services, traditional Medicaid requirements must be waived by the Secretary of HHS. The State must assure HHS that its estimated Medicaid costs with the added home and community-based services will not exceed its estimated costs had no waiver been approved. To evaluate the costs experienced by these alternative care programs, HCFA, the HHS component that administers Medicaid, requires States granted waivers to report cost and recipient data.

GAO reviewed reorts from the states on the Medicaid home and community-based services program to see if accurate, complete, and useful information was being collected. GAO reported that HCFA had not obtained the information necessary to evaluate the Medicaid home and community-based services program. Information collected during the first 5 years of the program has been neither accurate nor consistently reported and consequently is not useful for evaluating the operating experience of most waiver programs.

To remedy these shortcomings, HCFA recently revised its reporting rquirements and instructions. GAO believes the changes will improve the accuracy and usefulness of States' reports but recommended that HCFA develop information to measure the extent to which the program prevents or postpones the use of nursing home care. Without such information, the program's cost-effectiveness cannot be adequately evaluated.

Health Care: Patient Transfers From Emergency Rooms to D.C. General Hospital (GAO/HRD-87-31, Apr. 30, 1987)*

There have been many changes in the past 3 or 4 years concerning the way hospitals are reimbursed for care by the government and private insurers. Consequently, one of the concerns of many people has been that private hospitals may be "dumping" patients on public hospitals to escape having to treat people who may not have the financial means to pay for their care.

District of Columbia law requires that D.C. General Hospital treat all Washington, D.C., residents regardless of their ability to pay for the care received. The D.C. Government provides the hospital with funds to offset the cost of treating these residents. The hospital has adopted a transfer policy and procedures outlining the conditions under which it will accept transfers of D.C. residents from other hospitals' emergency rooms.

This reports discusses:

—the policy and procedures for transferring patients from other hospitals emergency rooms to D.C. General,
—Washington metropolitan area hospitals' violations of the transfer policy and procedures,
—Washington metropolitan area hospitals' familiarity with the policy and procedures,
—characteristics of patients transferred to D.C. General, and
—how professional medical organizations view transfers and how other metropolitan areas across the country deal with them.

Medicaid: Interstate Variations in Benefits and Expenditures (GAO/HRD-87-67BR, May 4, 1987)*

The Medicaid Program is jointly financed with State and Federal funds. The latter are determined by a statutory formula that provides a higher Federal share to States with lower per capita incomes. Within broad Federal guidelines, each State designs and administers its own Medicaid program. Consequently, significant interstate variations exist along important program dimensions.

This briefing report provides information on the causes of interstate variations in Medicaid spending and the growth in overall spending. Using published and unpublished information, GAO identified trends and wide variations among States in Medicaid spending and compared (1) eligibility criteria used, (2) the scope of services offered, and (3) reimbursement to providers. GAO also reviewed and summarized other studies analyzing the underlying causes of the variations identified.

Medical Malpractice: A Framework for Action (GAO/HRD-87-73, May 20, 1987)*

Because of increases in the costs of medical malpractice insurance over several years, GAO was asked to assess the nature of the problems, how various States have tried to deal with them, and what Federal and State actions may be warranted. The purpose of this report, the final one in a series of five, was to suggest actions that appear to GAO to be appropriate beginnings to address medical malpractice problems.

Overall, GAO's work showed that there are no clear causes for the increases in the cost of medical malpractice insurance. And there is no specific action that GAO could identify that would guarantee that insurance rates will not continue to increase.

But GAO suggests actions that all affected parties could take that have some promise of reducing the cost of insurance. These actions include reducing the incidence of medical malpractice by ensuring that physicians are held accountable by their peers and others for the manner in which they practice medicine; improving efficiency, predictability, and equity in the way medical malpractice claims are resolved; determining the extent to which regulatory agencies have and use information to make decisions about rates and solvency; and better educating patients as to what their expectations should be from the health care system.

Long-Term Care Insurance: Coverage Varies Widely in a Developing Market (GAO/HRD-87-80, May 29, 1987)*

In 1988, estimated nursing home expenditures will exceed $46 billion, of which the elderly and their families will pay about half. Private long-term care insurance is one method of financing these potentially catastrophic expenses.

The Medicare Program and private Medicare supplemental insurance provide limited nursing home coverage for skilled care services. State Medicaid programs cover extended nursing home stays associated with chronic, debilitating disease, but only for those who meet strict eligibility standards based on income and resources.

Unlike the Medigap insurance market, no Federal legislation defines guidelines for the long-term care insurance market. In this report, GAO provides information on the private long-term care insurance market. GAO focuses on policy benefits and premiums, policy limitations and restrictions, and the potential for abuse in the market.

Social Security: Staff Reductions and Service Quality (GAO/HRD-87-97BR, June 2, 1987)*

This briefing report was the second of three reports on staff reductions and service quality at SSA. Overall, SSA reduced its staff by 3 percent in the first half of fiscal year 1987, with field offices taking the largest reduction—about 5 percent.

In most cases, GAO found that SSA's key performance indicators showed stable or improved performance. For example, pending workloads for disability claims were down, processing times for initial claims were virtually unchanged, and Supplemental Security Income processing accuracy was slightly higher.

In other cases, GAO noted apparent temporary or seasonal declines in SSA performance. For example, due to a significant increase in requests for hearings, the pending hearings workload and the average processing time for hearings had increased.

VA Health Care: Financial and Quality Control Changes Needed in Domiciliary Care (GAO/HRD-87-57, June 18, 1987)

As part of its national health care system, the Veterans Administration (VA) operates 16 domiciliaries. VA has described domiciliary care as less intensive than hospital and nursing home care, but higher than that provided in a residential setting. During fiscal year 1986, VA domiciliaries operated about 7,000 beds at a cost of about $100 million.

Based on its review of three domiciliaries, GAO estimated that about 29 percent of the veterans had incomes that exceeded the $415 a month eligibility limit. However, the income limit for domiciliary eligibility has not been updated since 1980 and is significantly lower than limits for other VA health care programs.

In addition, the three domiciliaries had not always documented whether physical examinations had been performed and treatment plans properly developed. GAO could not conclude that the domiciliaries' lack of compliance with the required procedures affected the quality of care provided. GAO believes, however, that the lack of compliance increases the likelihood that veterans' medical needs would not be met.

Medicare: Comparison of Catastrophic Health Insurance Proposals (GAO/HRD-87-92BR, June 19, 1987)*

Public programs—financed primarily by Medicare, Medicaid, and VA—financed two-thirds of the elderly's estimated $120 billion in personal health care expenditures in 1984. Although the scope and coverage of medical services under Medicare is broad, considerable beneficiary cost sharing is required. Also, some health care expenses—such as outpatient drugs; vision, hearing, and dental care; and care provided in intermediate or custodial care facilities—are not covered at all.

Currently, there is no catastrophic limit on medical expenses paid by the beneficiary. The Secretary of HHS has described catastrophic illness expenses as those that cannot be borne by individuals and families without having to significantly change their life style or drastically modify their expectations of living standards in the future.

GAO reviewed 14 legislative proposals and found that 9 would establish a catastrophic limit above which the beneficiary would no longer be liable for Medicare deductibles and coinsurance. Two of the legislative proposals have been approved by the House Committee on Ways and Means and the Senate Committee on Finance; both have financing mechanisms that relate the amount beneficiaries pay for catastrophic coverage to their incomes. GAO reported that these bills, if enacted, would represent an important step in increasing the health insurance coverage available to the elderly, but significant gaps will remain. Providing further relief to the elderly who incur high out-of-pocket health care costs would obviously increase Medicare payments.

Medicare: Rehabilitation Service Claims Paid Without Adequate Information (GAO/HRD-87-91, July 9, 1987)

Since 1983, when Medicare began to phase in its hospital prospective payment system, outpatient rehabilitation has become an important alternative source of therapy because the system has given hospitals incentives to discharge beneficiaries to outpatient care as soon as medically appropriate.

In 96 percent of its sample cases, GAO found that the documentation available to the claims-processing contractors when they paid outpatient rehabilitation services claims was insufficient to determine whether the beneficiary was eligible for these services. Many cases in the sample were of types indicating that services probably were not eligible for coverage. For example, 16 percent of the cases were for beneficiaries with diagnoses that HCFA has identified as normally having little rehabilitation potential.

The report discusses HCFA's actions to strengthen controls over payments for outpatient physical therapy and services provided, but GAO believes that unless the documentation of claims is improved, these actions will not solve the problems.

Medicare: Preliminary Strategies for Assessing Quality of Care (GAO/PEMD-87-15BR, July 10, 1987)*

Medicare reimburses physicians, other practitioners, and suppliers on a fee-for-service basis and, until recently, paid all facility-based providers on a cost basis. This created incentives to overuse Medicare services.

The introduction of a payment system based on prospectively determined fixed amounts for acute care hospitals and the growth of prepaid health care programs (health maintenance organizations and competitive medical plans) created new incentives to increase efficiency by reducing unnecessary or inappropriate care. GAO found that incentives to increase efficiency in the delivery of health services may lead to the withholding of some useful, needed services, and that Medicare payment reforms have increased the potential for quality-of-care problems.

This briefing report summarizes GAO's analysis of Medicare's quality-of-care review system. Also in this document GAO identifies four short-term options and outlines three long-term strategies for producing comprehensive quality-of-care information.

Veterans Administration: VA Pensions to Medicaid Nursing Home Residents Should be Reduced (GAO/HRD-87-111, July 10, 1987)

Under title 38 of the U.S. Code, a VA pension is reduced if the beneficiary enters a VA-supported nursing home and does not have a spouse or other dependent living in the community. A similar provision does not exist, however, when the beneficiary enters a nursing home as a Medicaid patient.

Because Medicaid recipients must apply any cash income and benefits they receive toward the cost of their care, the VA pensions do not generally benefit veterans and their survivors. Instead, they reduce Medicaid Program costs. The primary beneficiaries of the reduced Medicaid costs are the States.

In this briefing report, GAO estimated, based on its review, that in fiscal year 1986, continuing VA pension payments to about 18,500 Medicaid nursing home residents in the eight States selected for this review cost the Federal Government about $27.2 million.

Social Security: Clients Still Rate Quality of Service High (GAO/HRD-87-103BR, July 14, 1987)*

This briefing report presents the final results of GAO's November 1986 nationwide survey of client satisfaction with the quality of service provided by SSA and compares the results with a similar survey GAO conducted 2 years earlier.

The 1986 survey was made because of concerns expressed about SSA services during implementation of the agency's plan—announced in January 1985—to reduce staff by 17,000 full-time equivalent positions through fiscal year 1990. Staff was reduced by about 4,500 full-time equivalent positions between the two surveys.

Comparing the results of the two surveys (using the same questionnaire for both) showed that clients rated the overall quality of service in 1986 about the same as or better than the service provided in 1984. Notably, no specific service aspects were rated significantly lower by 1986 respondents in comparison with 1984 respondents, and a number of aspects were rated higher. Several of the questions that drew more favorable responses in 1986 represented statistically significant differences.

Block Grants: Proposed Formulas for Substance Abuse, Mental Health Provide More Equity (GAO/HRD-87-109BR, July 16, 1987)*

In 1981, the Congress consolidated 10 project and formula grant programs into the Alcohol, Drug Abuse and Mental Health block grant. In fiscal year 1987, the current formula allocated over 91 percent of block grant funds to States based on their funding under the prior categorical programs, and the other 9 percent based on their relative funding needs and ability to pay. A draft bill would create separate programs for substance abuse and mental health, using separate formulas. Unlike the current formula, the proposed formulas would allocate all funds according to need and ability to pay and would use more precise measures of these two factors.

In this briefing report GAO concluded that the proposed formulas would substantially improve the equity of the distribution of Federal funds. For substance abuse, they would help equalize service levels across States because higher funding levels would be allocated to States with the lowest spending and ability to pay. For mental health, the proposed formulas would preserve the targeting to poorer States that is provided by the current formula. Finally, in both substance abuse and mental health areas, the proposed formulas are designed to provide similar grants per person for states with similar abilities to pay.

Medicare: Prescription Drug Issues (GAO/PEMD-87-20, July 16, 1987)*

That the prescription drug costs are rapidly rising is an important fact for the millions of the elderly suffering from such conditions as diabetes, high blood pressure, various heart conditions, and some types of cancer. Because they depend on medication to help control these problems, buying prescription drugs is a major out-of-pocket health care expense for them.

This GAO report presents demographic information about prescription drug use and costs and then briefly discussed its coverage under Medicare, under Medicaid, and in States that have developed programs specifically to meet this need. The report also discusses how H.R. 2470 and S. 1127 would provide prescription drug benefits for the elderly and the population groups that would remain without benefits if these bills were enacted.

Medicare: Payments to Radiologists, Anesthesiologists, and Pathologists (GAO/HRD-87-114BR, July 20, 1987)*

This briefing report has information about the current Medicare payment mechanism for radiologists, anesthesiologists, and pathologists and the market structure for services provided by these physicians. GAO also looked at whether the financial interests of the Medicare Program and its beneficiaries were considered when contracts were negotiated between hospitals and the physicians who specialize in these areas.

Medicare and Medicaid: Stronger Enforcement of Nursing Home Requirements Needed (GAO/HRD-87-113, July 22, 1987)*

Together, Medicare and Medicaid pay about half of the Nation's nursing home costs. Because of continuing concern about the quality of care provided to nursing home residents, GAO was asked to determine the extent of repeated noncompliance with Federal requirements that could affect resident health and safety and evaluate the adequacy of Federal and State enforcement actions to correct reported deficiencies.

GAO reported that nursing homes can remain in the Medicare and Medicaid Programs for years with serious deficiencies that threaten patient health and safety by taking corrective action to keep from being terminated each time they get caught. GAO analyzed the four most recent inspections (covering about a 4-year period) for nursing homes participating in the programs in November 1985. Forty-one percent of skilled nursing facilities and 34 percent of intermediate care facilities nationwide were out of compliance during three consecutive inspections with one or more of the skilled or intermediate care facility requirements considered by experts to be most likely to affect patient health and safety. Determining the actual effects on patients' health and safety was beyond the scope of GAO's review.

Although a nursing home that has the same deficiencies in consecutive inspections without adequate justification should be terminated, according to Medicare and Medicaid regulations, neither HHS nor the States were enforcing this rule. No Federal penalties currently apply to deficiencies, even if uncorrected, that do not pose an immediate threat to resident health and safety. The ability to avoid penalty even for serious or repeated noncompliance gives nursing homes little incentive to maintain compliance with Federal requirements.

GAO believes additional sanctions are needed to strengthen Federal and State enforcement options.

Medicare: Catastrophic Illness Insurance (GAO/PEMD-87-21BR, July 31, 1987)*

One of the most important issues of the late 1980's is how to protect the elderly and their families against the catastrophic expenses they may face when they have acute medical problems or when they need long-term care because of chronic illness and disabling conditions, such as stroke and Alzheimer's disease. Despite Medicare benefits and private insurance supplements to that program, out-of-pocket expenditures for medical care substantially burden many.

For this briefing report, GAO developed the following material:

—A comparison of major legislative proposals with the current Medicare Program with respect to benefits to enrollees, their costs, and the program's financing mechanisms.

—A discussion of important issues that may still need attention.

—A synthesis of lessons learned from the operation of State-financed insurance programs for catastrophic illness that the Congress might consider in developing a Federal program.

Pension plans: Many Workers Don't Know When They Can Retire (GAO/HRD-87-94BR, Aug. 12, 1987)*

Millions of workers do not understand their pension plans' early and normal retirement eligibility requirements as described in their plans' documents.

GAO focused its review on assessing workers' knowledge of their pension plans, but it did not determine the causes for their lack of knowledge, nor did it address the extent to which this lack of knowledge could result in poor career and retirement planning decisions. GAO concluded, however, that unless employers provide and workers obtain accurate pension plan information before workers make decisions affecting their careers the workers may make work and retirement decisions they later regret.

Protecting the Elderly: Federal Agencies' Role Concerning Questionable Marketing Practices (GAO/HRD-87-120FS, Aug. 26, 1987)*

Certain "again organizations" have attempted to solicit funds, sell insurance, and offer direct-mail advertising of products in a manner that may frighten, threaten, or otherwise coerce the elderly into contributing money or buying products from these organizations.

In this fact sheet, GAO (1) identifies Federal agencies with jurisdiction in reviewing the activities of organizations that use direct-mail advertising, (2) identifies Federal statutes or regulations these agencies may use to protect the elderly, (3) discusses current activities of these agencies to protect the elderly, and (4) discusses agency educational activities to prevent possible abuses of the elderly.

Medicaid: Improvements Needed in Programs to Prevent Abuse (GAO/HRD-87-75, Sept. 1, 1987)

A small percentage of recipients and providers abuse Medicaid services. Abuse occurs when a provider prescribes services that are not needed or are too expensive or when a Medicaid recipientr obtains drugs or other services at a frequency or in an amount not medically necessary.

The Medicaid law requires States to identify and investigate cases of suspected Medicaid abuse by reviewing recipients' and providers' use of Medicaid services. To facilitate reviews, in fiscal year 1985, State and Federal costs for design, installation and operation of the computerized information systems to operate the programs were about $430 million.

Although GAO and others have previously identified weaknesses in States' postpayment utilization review programs and HHS's oversight, GAO concluded HHS has not taken effective action to strengthen management controls. GAO found (1) some States reviewed were not effectively using their computerized management information systems to identify potential Medicaid abuse, (2) some States were reviewing only a small portion of the potentially abusive recipients identified, and (3) most States have applied sanctions against few abusive Medicaid recipients.

Social Security: Telephone Accessibility (GAO/HRD-87-138, Sept. 16, 1987)*

SSA offices may be contracted by the public through 34 teleservice centers (SSA's primary telephone service facilities), 32 other central answering units, and telephones service directly from 627 local offices that are not supported by centralized answering facilities.

GAO tested accessibility to SSA by telephone by measuring the extent to which telephone calls to SSA's local offices and teleservices centers during a single workweek were answered directly, put on hold before being answered, got a busy signal, went unanswered, or were disconnected.

SSA representatives answered, during the test period, about two of every three calls from the public directly or within 2 minutes of being put on hold, by GAO estimates. As a group, local offices were more easily accessible than teleservice centers. Success in reaching SSA fluctuated by day of the week, with Monday being the most difficult day for getting calls answered.

Social Security: Staff Reductions and Service Quality (GAO/HRD-87-139BR, Sept. 17, 1987)*

This briefing report was the last of three reports on staff reductions and service quality at SSA during fiscal year 1987. It describes changes in staffing and performance for the third quarter of fiscal year 1987 and presents the results of GAO visits to 13 offices where allegations had been made about practices affecting reported office performance.

GAO reported that overall, key performance indicators showed stable performance as staff levels continued to decline. During GAO's visits to the 13 offices, SSA employees said that practices that can distort reported performance are occurring. But employees held a wide range of views as to the extent to which these practices were occurring. Internal controls to detect the practices generally rely on supervisors and office managers to monitor employees' work. While the potential exists, GAO found little evidence that the practices were used to conceal any direct harm to the public.

GAO determined that it is unclear to what extent the root causes of these improper practices were local management shortcomings, poor employee performance, or other factors cited by employees, such as insufficient staff or overemphasis on achieving certain productivity goals.

Social Security: More Must be Done to Credit Earnings to Individuals' Accounts (GAO/HRD-87-52, Sept. 18, 1987)

Employers report employees' earnings to SSA and the Internal Revenue Service (IRS) at different times and for different purposes. IRS compares the annual total earnings employers reported to SSA for each employee with total of the quarterly earnings employers reported to IRS. Subsequently, IRS tells SSA which employers may not have reported any or all earnings to SSA.

In many cases, contracts with the employers are necessary to determine whether all earnings were reported.

GAO reported that the slow progress by SSA and IRS in reconciling differences in employee earnings has resulted in (1) Social Security beneficiaries receiving less in benefits than they were entitled to and (2) the Social Security trust funds retaining $7.7 billion in tax money, as of March 1987, related to earnings not recorded in SSA records.

During 1978-84, SSA recorded about $58.5. billion less in employees' earnings than IRS. Although this represents only about 0.8 percent of all earnings that SSA recorded during this period and seems relatively small, the impact on those affected by uncredited earnings can be significant.

To insure the timely reconciliation of differences between the two agencies in employer-reported earnings, this report (1) included recommendations to the Secretaries of the Treasury and HHS and (2) suggested several matters for the Congress to consider.

Veterans' Benefits: Improving the Integrity of VA's Unemployability Compensation Program (GAO/HRD-87-62, Sept. 21, 1987)*

VA pays basic compensation benefits to veterans disabled by injuries or disease that were suffered or aggravated while on active military duty. Basic benefits can be increased if VA determines that the veteran is unemployable due to the service-connected disability. VA generally requires veterans to report their annual earnings because those with earnings above marginal amounts are not eligible for unemployability benefits.

GAO matches SSA's earned income file and VA's unemployability file to determine how access to tax information could help VA determine the extent of a veteran's earnings. GAO found (1) based on SSA's earned income files, over 90 percent of the veterans who should have reported their earnings to VA failed to do so, and (2) access to SSA's files would enable VA to identify those veterans not reporting their earnings as required.

GAO also found that VA does not routinely obtain all medical and vocational information needed to determine a veteran's ability to engage in a substantially gainful occupation. As a result, GAO believes VA does not always have an adequate basis for awarding or denying a veteran's claim for unemployability benefits.

Medicare: Legislative Amendment Would Avoid Adverse Effects on Disabled Beneficiaries (GAO/HRD-87-135, SEPT. 28, 1987)*

Section 9319 of the Omnibus Budget Reconciliation Act of 1986, effective January 1, 1987, amended Medicare law to require certain employer-sponsored group health insurers that cover disabled beneficiaries to pay the medical claims of such beneficiaries ahead of Medicare. A disagreement has arisen about whether this law applies to health plans sponsored by government employers.

GAO concluded that until this issue is resolved, disabled beneficiaries who have health coverage under Medicare and a government-sponsored plan can be faced with a situation in which neither will pay for services. Also, unless the law applies to government-sponsored plans, a portion of the Medicare savings that were projected when the law was passed will not be realized.

GOA believes that the Congress should amend the Social Security Act so that there can be no doubt that this provision applies to government-sponsored plans. This would eliminate the controversy and make the law consistent with similar provision for other Medicare beneficiaries who are covered by government-sponsored health plans.

APPENDIX II—GAO AUDITS IN PROCESS RELATING TO ISSUES AFFECTING THE ELDERLY

VA Health Care: Assuring Quality Care for Veterans in Community and State Nursing Homes.*

Review of Appropriateness and Impact of Medicare Fee Schedules for Laboratory Services.

HCFA's Ongoing Efforts to Assure the Appropriateness of Medicare's Diagnosis Related Group Payment Rates.

Survey of Medicare Payments for Services Provided by Health Maintenance Organizations.

Study of Variations in Medicare Payments to Teaching and Nonteaching Hospitals.

Employers Not Covered Under Employer Health Insurance Programs.*

Review of Medicare Carriers' Utilization Review Activities.*

Review of HCFA Evaluation of Peer Review Organizations for Contract Renewal.*

Survey of Costs And Use of Contracts with Noncertified Nursing Agencies to Provide Medicare Home Health Services.*

Medicaid Fraud in the Dispensing of Controlled Substances.

Impact of Applying Home Health Cost Limits by Discipline.

Survey of Medicare and Secondary Payer Program for Disabled Beneficiaries.

Adequacy of Intermediaries' and Carriers' Services to Medicare Beneficiaries and Providers.

Survey of Contractors' Performance Under the Tri-State Fixed-Price Contracts for Medicare Part B.*

Evaluation of Medicare Hospice Program.

Review of Physician Incentive Plans Used by Health Maintenance Organizations With Medicare Risk Contracts.*

Analysis of Medicare's Proposal to Contract With Employer-Based Plans.*

Review of Hospital Indemnity and Specified Disease Insurance.*

Evaluation of Medicare Part B Secondary Payer Program.

Review of Health Choices Marketing Activities Under Demonstration Contract With HCFA.*

Survey of HCFA Management of Medicare Peer Review Organization Program.*

Survey of Administration of Medicare's Tax Equity and Fiscal Responsibility Act Health Maintenance Organization Program.*

Survey of Transfer of Medicare Patients to VA Hospitals.

Analysis of HCFA's Health Maintenance Organization Activities.*

Follow-up Review of the Effect of Federal Cost Containment Efforts on Medicare and Medicaid Programs.

Assessment of Timeliness of Medicare Claims Payments for Deceased Beneficiaries.

Evaluation of Quality of Service Under Medicare Program.

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*Being performed at the request of Committee or Members of Congress.

Assistance to Senate Aging Committee in Determining Reasons for the Large Medicare Part B Premium Increases for 1987.*

Effect of Prospective Payment System on the Closing of Rural Hospitals.

Monitoring and Evaluating the Implementation of Philadelphia's Medicaid Health Insuring Organization (Health Pass).*

Review of Transfer of Assets for Persons to Become Eligible for Medicaid Nursing Home Care.

Review of Application of Residents' Income to Offset Medical Costs in Nursing Homes.

Survey of Benefits and Protections to Private Long-Term Care Insurance Policyholders.*

Survey of Adequacy of Access to Nursing Homes for Medicaid Beneficiaries.*

Review of Medicaid Nursing Home Residents' Savings Bond Holdings.

Pension Plans: Possible Effects of Requiring Employers to Make Contributions Sooner.*

How Can the Integrity of the Social Security Card Be Improved?*

Survey for Follow-up to the SSA Management Review.

Survey of Alternatives for Nursing Home Residents Capable of Residing Outside Institutional Settings.*

SSA Service Quality.*

Evaluation of SSA Samples to Determine Retirement and Survirors' Insurance Payment Accuracy.

Review of Railroad Retirement Board Administration of Certain Benefit Offset Provisions.*

What Is the Impact of the Social Security Retirement Test?

Review of the Solvency of the Railroad Retirement Board Trust Funds.*

Survey to Determine the Extent to Which SSA Accurately Maintains Social Security Earnings Records.

Effects of Budget Constraints on SSA Disability Adjudication.*

Role of Vocational Rehabilitation in the Social Security Disabled Program.*

Development of Demographic Data on Various Groups of Disabled Persons.*

Evaluation of SSA's Face-to-Face Demonstration.*

Block Grants: Federal Set-Aside Provisions for Substance Abuse and Mental Health.*

An Evaluation of HCFA's Collection, Interpretation, and Use of Mortality and Morbidity Outcome Data on Medicare Beneficiaries.*

Modeling Factors Associated with the Effectiveness of Quality Assessment by Medicare Peer Review Organizations.*

Simulating the Effectiveness of Alternative Medical Peer Review Quality Assurance Methods.*

Alternative Ways of Looking at the Financial Position of the Social Security Trust Fund.*

Strategies for Measuring and Monitoring the Quality of Care in the Medicare Program.*

APPENDIX III—GAO ACTIVITIES AFFECTING OLDER PERSONS

During fiscal year 1987, GAO appointed 963 persons to permanent and temporary positions, of whom 112 were age 40 and older. As of September 30, 1987, GAO's work force totaled 5,786; 2,598 (44.9 percent) were 40 and older.

GAO employment policies prohibit discrimination based on age. Our Civil Rights Office continues to provide information and advice to persons regarding allegations of age discrimination.

GAO continues to provide individual retirement counseling and preretirement seminars for employees nearing retirement age. The counseling and seminars are intended to assist employees in:

—calculating retirement income available through the Civil Service and Social Security systems and understanding options involving age, grade, and years of service;

—understanding health insurance and survivor benefit plans;

—acquiring information helpful in planning a realistic budget based on income, tax obligations, and benefits, and making decisions concerning legal matters;

—gaining insights and perspectives concerning adjustments to retirement;

—increasing awareness of community resources that deal with preretirement planning, and second career opportunities, and financial planning; and

—increasing awareness of lifestyle options available during the transition from work to retirement.

ITEM 22. LEGAL SERVICES CORPORATION

DECEMBER 15, 1987.

DEAR MR. CHAIRMAN: I thank you for the opportunity to provide members of the Senate Special Committee on Aging with information about the Legal Services Corporation's activities assisting the elderly. In particular, the Elderlaw Project, which is in its final year of funding, has had a significant impact on legal representation of the elderly and has been well received across the country.

I hope the enclosed information will be useful in completing your report.

Very truly yours,

JOHN H. BAYLY, Jr., *President*.

Enclosure.

ASSISTANCE TO THE ELDERLY

Most of the elderly clients assisted by the Legal Services Corporation are served by the 306 regularly funded Legal Services grantees throughout the country as a normal part of day-to-day operations.

In addition to these services in the fiscal year 1987, the Legal Services Corporation funded or administered a variety of other major programs which increased the provision of legal services to elderly Americans. These programs were the "Elderlaw" program, the 1986-87 Law School Civil Clinical Program, and the 1987-88 Law School Civil Clinical Program. The Corporation also sponsors a number of other initiatives designed to service the elderly, among them the National Senior Citizens Law Center and Legal Counsel for the Elderly. This report will give an overview of those programs.

ELDERLAW PROGRAM

In 1984 Congress allocated $2 million to the Legal Services Corporation to increase services to the elderly. Fiscal year 1987 marked the last year of operation under this special Congressional appropriation. The "Elderlaw" project had three purposes:

1. To develop classroom and bar association source materials on law affecting the elderly. This segment of the program began in 1985 and ended in 1987.
2. To increase *pro bono* efforts on behalf of elderly clients. This section of Elderlaw began in 1985 and ended in 1986.
3. To develop a clinical program for elderly clients which would supplement the services being provided by Legal Services grantees. This section of Elderlaw began in 1985 and ended in 1987.

The Corporation began implementation of the Elderlaw project in 1985 by soliciting proposals nationwide. After extensive review by Corporation staff in conjunction with panels of exprets from the law school community, the "Aging" network, the local legal services community, and the private bar, LSC made the following grants: (1) $140,270 to six law schools or bar associations for the development of six sets of source materials; (2) $222,820 to a total of 11 private bar pro bono projects; and, (3) $1,636,910 to a total of 20 law school clinics.

The "Elderlaw" Project concluded its final year of operation in 1987. The first aspect of the Corporation's efforts to address the problems of the elderly involved the use of special educational programs on laws affecting the elderly, and the development of source materials. To date, the materials developed have included a series of videotapes on Medicare, which is currently being distributed through Administration on Aging offices, and a consumer manual on nursing homes. Other materials including a textbook on the topic of law and aging for use in law schools have been written and will be released shortly.

The *pro bono* projects created information and referral networks for the elderly which have remained in existence even after expiration of the Congressional grant funds. These networks were supplemented with a variety of educational manuals for the private bar designed to both raise the quality of services provided to the elderly in such areas as nursing home care, as well as to increase the number of skilled attorneys who are willing to provide *pro bono* services.

The 20 law school clinics originally funded in 1985, concluded their years of operation in the summer of 1987. To date, the legal problems of more than 6,500 elderly clients were handled by approximately 1,000 students whose clinical involvement was made possible by these LSC grant funds. Preliminary statistics indicate that 90 percent of these students became aware of the legal problems of the elderly poor through their work with these clinics, and the exposure has increased their willingness to provide future services on a *pro bono* or reduced fee basis.

Direct client services have been provided by both the *pro bono* projects as well as the law school clinic components. The direct client service has generally concentrated in the areas of housing, income maintenance, consumer finance, family and health. Each of these efforts is described below:

Source Materials Grantees

University of Southern California.—USC was awarded $50,000 to sponsor a textbook for use in law schools. The book surveys income maintenance, health issues, and related topics. Final publication is imminent. Grant period—7/1/86 to 6/30/87.

Milwaukee Young Lawyers Association.—The Milwaukee Young Lawyers were awarded $4,558 to produce and distribute videotapes on wills preparation, probate and the right to death with dignity. Grant period—1/1/86 to 6/30/87.

Center for the Public Interest.—The Center was awarded $22,712 to prepare videotapes for nationwide distribution. The videos assist lawyers in preparing appeals to the Social Security Administration for health care benefits. Grant period—7/1/85 to 3/31/86.

Maryland State Bar Association.—The Maryland Bar was awarded $5,000 to write a manual on nursing home law. Grant period—7/1/85 to 6/30/86.

University of Pittsburgh.—The University was awarded $35,000 to research and write an elderly law manual, which will be disseminated by the Pennsylvania State Bar. Grant period—6/1/86 to 5/31/87.

Nova Law School.—Nova was awarded $33,000 to prepare a practice manual for advocates representing Social Security claims. Grant period—7/1/85 to 6/30/86.

Private Bar Grantees

Worcester County Bar Association.—The Worcester Bar was awarded $14,650 to provide the elderly with assistance in conservatorships, guardianships, and home equity conversion counseling. Grant period—10/1/85 to 9/30/86.

Maryland State Bar.—The Maryland Bar was awarded $6,500 to organize a statewide panel of attorneys available to act as court appointed guardians of property conservatorships. Grant period—7/1/85 to 6/30/86.

North Carolina Bar Association.—The North Carolina Bar was awarded $35,000 to create model programs to deliver to the elderly on referral/direct representation and community-based education and advice models bases. Grant period—7/1/85 to 6/30/86.

Loyola University of New Orleans.—Loyola was awarded $14,520 to create a combined program to allow students to represent elderly and to develop a manual on elderly law. Grant period—7/1/85 to 6/30/86.

Cincinnati Bar Association.—The Cincinnati Bar was awarded $23,400 to expand its services to the elderly into four rural areas. Grant period—7/1/85 to 6/30/86.

Senior Citizens Judicare Project.—The Project was awarded $18,000 to recruit attorneys and law school students to assist the institutionalized and homebound elderly. Grant period—7/1/85 to 6/30/86.

Allegheny County Bar Association.—The Allegheny County Bar was awarded $20,000 to enhance the *pro bono* efforts of the Neighborhood Legal Services and the Legal Aid Society of Pittsburgh. Grant period—1/1/86 to 12/31/86.

Larimer County Bar Association.—The Larimer County Bar was awarded $3,750 to do additional intake and to encourage *pro bono* attorneys to handle overflow cases. Grant period—7/1/85 to 6/30/86.

Alaska Pro Bono Program.—The Alaska Pro Bono Program was awarded $22,000 to institute a program to use corporate attorneys from major oil companies to visit and serve senior citizens at senior citizens centers. Grant period—7/1/85 to 6/30/86.

North Dakota State Bar.—The North Dakota Bar was awarded $15,000 to directly solicit attorneys to join its pro bono project by means of an advertising campaign, and a program to educate attorneys on the problems faced by low income elderly. Grant period—7/1/85 to 6/30/86.

New York Legal Aid Society.—The New York Legal Aid Society was awarded $40,000 to train volunteer attorneys, retired attorneys, and law students to provide effective *pro bono* services. Grant period—7/1/85 to 6/30/86.

Clinical Grantees

Franklin Pierce Law Center.—Franklin Pierce was granted $100,000 to expand its clinical program. Areas of law covered include: Access to medical care, guardianship, surrogate decisionmaking, right to treatment, and right to refuse treatment. Grant period—7/1/85 to 6/30/87.

Brooklyn Law School.—Brooklyn Law School was awarded $97,150 to develop community outreach techniques, develop legal resources, and identify pertinent issues concerning the frail elderly. Grant period—7/1/85 to 6/30/87.

Campbell University.—The clinic at Campbell established a hospice and probate program. Third year law students visited clients at the hospice or probate office. Grant period—8/1/85 to 6/30/87.

Catholic University of America.—Catholic University was awarded $99,750 to operate a clinic for night students. The students provided services to institutionalized and homebound elderly. Grant period—7/1/85 to 6/30/87.

West Virginia University.—West Virginia University was awarded $74,217 to expand its clinical progarm which serviced poor elderly in rural Appalachia. Grant period—7/1/85 to 6/30/87.

College of William and Mary.—The College of William and Mary was granted $80,000 to provide assistance to isolated and rural elderly clients in the peninsula area of Virginia. Grant period—7/1/85 to 6/30/87.

University of Alabama.—The University of Alabama was granted $92,000 to expand its clinical assistance to the elderly in a 10-county area of western Alabama. Grant period—7/1/85 to 6/30/87.

Stetson University.—Stetson was granted $ 80,000 to expand clinical servicing of the elderly. Third year students were supervised by attorneys from Gulfcoast Legal Services and Bay Area Legal Services during the grant period. Grant period—8/1/85 to 6/30/87.

Thomas M. Cooley Law School.—The Thomas M. Cooley Law School was granted $56,829.78 to expand its clinical program to service the elderly. Grant period—10/1/85 to 6/30/87.

Southern Illinois University.—Southern Illinois University was granted $80,861 to expand its lawyer referral system. Nineteen law students provided legal services at senior centers throughout the service areas. Grant period—7/1/85 to 6/30/87.

Loyola University of Chicago Law School.—Loyola University received $59,515.22 to expand its existing clinical progam, which delivered services to isolated, homebound, institutionalized and frail elderly. Grant period—7/1/85 to 6/30/87.

University of New Mexico.—The University of New Mexico received $100,000 to continue the operation of its rural outreach office which provided services to the elderly. Grant period—7/1/85 to 6/30/87.

Thurgood Marshall School of Law.—Thurgood Marshall School of Law was granted $86,220 to fund clinical activity which focused on educating elderly on their legal rights. Grant period—7/1/85 to 6/30/87.

University of Texas at Austin.—The University of Texas at Austin was granted $75,000 to fund a joint project with the Legal Aid Society of Central Texas. The program featured elderly law education and legal representation. Grant period—7/1/85 to 6/30/87.

University of Nebraska College of Law.—The University of Nebraska College of Law was granted $99,070 to service the elderly poor in an eight-county area. The progam also created source materials. Grant period—7/1/85 to 6/30/87.

Northwestern School of Law, Lewis and Clark College.—The Northwestern School of Law was granted $55,200 to expand its clinical program which provides services to the elderly in two heavily populated counties. Grant period—7/1/85 to 6/30/87.

Drake University.—Drake University was awarded $100,000 to expand its program to the elderly. Outreach was performed at local senior citizens' centers. Grant period—7/1/85 to 6/30/87.

McGeorge School of Law.—The McGeorge School of Law was granted $100,000 to expand its clinical service to the elderly with special emphasis on last-illness and estate planning. Grant period—7/1/85 to 6/30/87.

University of Utah College of Law.—The University of Utah College of Law was granted $60,000 to expand its outreach to the elderly. Representation focused upon problems of the institutionalized, including abuse, neglect, and financial exploitation. Grant period—7/1/85 to 6/30/87.

1986-87 LAW SCHOOL CIVIL CLINICAL PROGRAM

For the academic year 1986-87, LSC operated a law school clinical program at 15 universities. Three of those schools provided services to the elderly. They were:

Sixty Plus Law Center, Thomas M. Cooley Law School.—The Sixty Plus Law Center was granted $32,385 to expand clinical services to the elderly who were denied Medicare coverage. Grant period—10/1/87 to 9/30/87.

Civil Clinic, Southern Methodist University.—The Civil Clinic was granted $50,000 to expand service delivery for the elderly in the Dallas, Texas area. Grant period—8/1/86 to 7/31/87.

University Legal Assistance, Gonzaga University.—Gonzaga University was granted $50,000 to maintain expanded services to the elderly. The expanded services were originally made possible by a 1984 Legal Services Corporation grant. Case areas handled were Social Security, Medicare, veterans' benefits, and other public entitlements. Grant period—9/1/86 to 8/3/87.

1987–88 LAW SCHOOL CIVIL CLINICAL PROGRAM

LSC is currently funding a total of 26 law school clinics in academic year 1987–88. Ten of those law school clinics selected to participate in the 1987–88 Law School Civil Clinical Program have dedicated their projects to elderly assistance. This represents roughly 38 percent of all LSC resources devoted to law shcool clinical courses in the current year.

Brooklyn Law School.—Brooklyn Law School was granted $50,000 to continue and expand the Frail Unit of the Senior Citizen Law office. The Frail Unit was begun as part of the 1984–86 Elderlaw initiative. Elderly who are homebound, frail, or institutionalized, or otherwise unable to travel, are served by the clinic. Grant period—10/1/87 to 9/30/88.

Columbus School of Law, The Catholic University of America.—The Columbus School of Law was granted $49,887.89 to continue its Advocacy for the Elderly Clinic. Advocacy for the Elderly was founded in 1985 with a grant from the Legal Services Corporation. The clinic specializes in servicing the homebound and protecting the rights of the institutionalized. Grant period—10/1/87 to 9/30/88.

Community Legal Clinics, George Washington University School of Law.—George Washington University was granted $37,200 to continue expansion of specialized protection services and probate representation. These services were originally made possible in 1985 by an Elderlaw grant. Grant period—9/1/87 to 8/31/88.

The Legal Clinic, Southern Illinois University School of Law.—Southern Illinois University was granted $48,600 to expand its ongoing program of providing legal assistance to the elderly in southern Illinois. The clinic concentrates its efforts on providing services to minorities, the homebound, and nursing home residents. Grant period—9/10/87 to 9/9/88.

Sixty Plus Law Center, Thomas M. Cooley Law School.—The Sixty Plus Law Center was granted $32,000 to continue its program of assisting clients serviced by the Medicare Recovery Project. The Project assists residents of skilled nursing facilities in appealing denials of Medicare coverage. Grant period—9/1/87 to 8/31/88.

University of Denver College of Law.—The University of Denver was granted $50,000 to expand services to disadvantaged elderly clients in consumer, housing, family, public benefits, health care, insurance and wills. Grant period—10/1/88 to 9/30/88.

Benjamin N. Cardozo School of Law, Yeshiva University.—The Cardozo School of Law was granted $50,000 to expand delivery of legal services to the homebound and hospitalized elderly poor. The clinical program also assists other legal services providers with research, model pleadings and memoranda on elderly issues. Grant period—8/15/87 to 8/14/88.

Thurgood Marshall School of Law, Texas Southern University.—Thurgood Marshall School of Law was granted $32,000 to expand its elderly law clinic. Areas of focus include wills, taxation, public benefits, housing, and protective services. Grant period—9/1/87 to 8/31/88.

University of Texas at Austin.—The University of Texas at Austin was granted $39,848 to fund a joint project with the Legal Aid Society of Central Texas. The program features elderly law education and legal representation. Grant period—9/1/87 to 8/31/88.

NATIONAL SENIOR CITIZENS LAW CENTER

The National Senior Citizens Law Center (NSCLC) was granted $589,512 in fiscal year 1987. Under terms of its grant, the NSCLC provides a variety of services to its national service area. In addition to producing and distributing *Washington Weekly*, and *Nursing Home Law Letter*, the Center provided direct assistance in over 2,400 cases for elderly clients for calendar year 1986, and provided direct training for private attorneys, legal services' lawyers, and paralegals on such topics as Medicaid, Medicare, nursing homes, Older Americans Act, pensions, Social Security and disability. In addition, the NSCLS provided legislative and administrative representation as requested by congressional authorities.

LEGAL COUNSEL FOR THE ELDERLY

A total of $110,985 was granted to the Legal Counsel for the Elderly (LCE) in fiscal year 1987. These services are generally in the areas of public benefits protection, protective services, consumer advocacy, and probate. In 1986 LCE volunteer lawyers, working with volunteers from the American Association of Retired Persons (AARP), participated in 375 cases.

ITEM 23. NATIONAL ENDOWMENT FOR THE ARTS

December 17, 1987.

Dear Mr. Chairman: It is my pleasure to share the Arts Endowment's efforts for our older population with the Special Committee on Aging. Enclosed is a summary of the Endowment's activities specifically related to older Americans during fiscal year 1987.

During this period, the Endowment supported a variety of efforts that strengthen links between the arts and older people. Of particular note are new developments in our ongoing design for aging work and a new radio series featuring portraits of 13 distinguished older Americans.

The radio series, *I'm Too Busy to Talk Now: Conversations with Creative People Over 70* was recorded by radio producer Connie Goldman for the public radio system. Her conversations with 13 older Americans, including songwriter Sammy Cahn, Congressman Claude Pepper, and actress Mary Martin, provide a vivid sense of the active creative life and the professional development that occurs later in life. For example, painter and former member of the National Council on the Arts, Jacob Lawrence, who recently retired from a full professorship at the University of Seattle in Washington, says that he will never retire as an artist:

"The older artists I know are more stimulating, more exciting and have more to say with age . . . much more. As I have grown older, I think my work has become more complex. I see more, I am more aware of things. There is an ongoing development taking place. I feel that I have matured and am now at my peak."

This remarkable series is being broadcast nationwide through approximately 300 stations of the public radio network.

The Endowment continues its commitment to education in the area of design for aging. During this reporting period, Endowment support made it possible for the American Institute of Architects (AIA) to update and reprint 1,500 copies of *Design for Aging: An Architect's Guide.* As a result of AIA's marketing efforts, as well as Endowment and other Federal agencies' dissemination of the design guide, 4,500 copies are already in the hands of designers, educators, and professionals in the aging field.

As mentioned in last year's report, the Endowment provided funding to the American Institute of Architects Students (AIAS), composed of 138 chapters with 13,000 student members, to develop a national student competition in design for aging. I am pleased to enclose a new publication, *Design for Aging: A Design Competition for Students of Architecture,* that documents the Endowment-supported project. Produced by the AIAS in September 1987, it includes a synopsis of the competition program that gave students the opportunity to design facilities for older residents of a small town in Mississippi; and descriptions of the five award-winning designs including a senior center and residential communities with support services. As a result of this highly successful effort, the AIAS plans to conduct a second competition in 1989 that will deal with aging as well as disability.

During this reporting period, we took a careful look at how the Arts Endowment conducts business in relation to the needs of people with various impairments (e.g., those who are hard-of-hearing or visually impaired). This self-evaluation included a review of Endowment policies, practices, and activities as a part of implementing the 504 regulations that became effective June 23, 1986. The Endowment conducted this evaluation in much the same way that we recommend our grantees conduct such evaluations. We sought advice from individuals with various impairments and provided for broad staff involvement. Although the Endowment has continued to be actively involved in making the arts more accessible, the evaluation process provided the impetus to expand staff awareness and make additional improvements. For example, the Endowment plans to purchase jointly with other agencies occupying the Nancy Hanks Center a portable auxiliary listening system for people who are hard of hearing.

The Endowment remains committed to the precept that older Americans should have equal opportunity to participate in the full range of our cultural resources. We will continue our work to involve older people in the arts through advocacy and support as outlined in this summary.

I am grateful for the opportunity to provide you and members of the Special Committee on Aging with this update of our work for older citizens, and trust that it will be useful in completing your annual report to the Senate.

Sincerely,

FRANK S.M. HODSOLL,
Chairman.

Enclosure.

SUMMARY OF ACTIVITIES RELATING TO OLDER AMERICANS—FISCAL YEAR 1987

INTRODUCTION

The mission for the National Endowment for the Arts is to "foster the excellence, diversity, and vitality of the arts in the United States" and "to help broaden the availability and appreciation of such excellence, diversity, and vitality." It is in this context that the Endowment continues to encourage and assist wider access to the arts for older citizens.

Americans 65 years and older are the fastest growing segment of our population. By the year 2000, people in this age group will represent 13 percent of a population better educated than ever before. Arts administrators and educators can anticipate greater participation in the arts from older people—as it is well known that a person's involvement in cultural activities is directly linked to his or her level of formal education. In a new book entitled *Visual Arts and Older People,* artist/educator Dr. Pearl Greenberg points out:

"More people than ever before can be expected to enjoy long lives and to continue to contribute to society. Never before have so many people remained in good health and lived long enough to be retired for so long. It has been estimated that by the year 2000 our average years of retirement might increase from 13 to 25 years! Getting people ready to use all of this additional lifetime requires educators well versed in a variety of different aspects of learning; the visual arts, music, dance, theater, prose and poetry can enhance our lives and involve older adults in stimulating and creative ways of living."

Older citizens are among the many individuals participating in Endowment-supported activities. But beyond such support, the Endowment makes special efforts to help eliminate barriers—structural, programmatic, and attitudinal—to full participation in the arts for older adults. Many such programs are initiated through the Endowment's Office for Special Constituencies.

Established by the National Council on the Arts in 1976, the Office for Special Constituents works to make the arts more available to older people; as well as disabled people and those in institutions. This office:

- —provides technical assistance to individuals and organizations to help them design arts programs that are accesible to special constituencies;
- —initiates cooperative projects with other Federal agencies to educate administrators and professionals concerning the value and benefits of arts programming for special constituencies;
- —advocates increased attention to the needs of special constituencies through Endowment Programs, and through State and national meetings that are concerned with the arts and/or special constituencies;
- —provides technical assistance to Endowment staff and grantees regarding program accessibility and compliance with Federal regulations; and
- —develops model projects with Endowment Programs which demonstrate innovative ways to make the arts available to special constituencies.

The Office's liaison with the Endowment Programs is key, for the Endowment emphatically rejects the notion that special or different arts programs should be developed for older citizens, and chooses instead to find ways to open existing programs of the highest quality.

DESIGN FOR AGING

The Arts Endowment's design for aging efforts, begun in 1982, continue to advance. As stated in last year's report, the American Institute of Architects (AIA) produced *Design for Aging: An Architect's Guide* with support from the Administration on Aging and the Arts Endowment. This publication is the first of its kind. It is hoped that the guide will stimulate many more projects to educate designers on the needs of older people. In addition to the 2000 free design guides that were distributed to key administrators and architects throughout the country, AIA sold over 2,000 copies through its sales division.

During this reporting period, AIA updated and reprinted 1,500 copies of *Design for Aging* with support from the Arts Endowment. The Endowment also provided funds to update the computerized bibliography which was developed as part of this same effort. The purpose of the bibliography is to help architects locate useful design/aging information and resources.

As mentioned in last year's report, the Endowment provided funding to the American Institute of Architects Students (AIAS), composed of 138 chapters with 13,000 student members, to develop a national student competition in design for aging. The competition gave faculty and students the opportunity to review the design guide and address the realities of design issues in aging.

In September 1987, AIAS produced *Design for Aging, A Design Competition for Students of Architecture* which documents the competition's results. It includes a description of the program that invited students to design facilities for older residents of a small town in Mississippi, descriptions of the award-winning designs, and the jurors and schools that participated in the competition.

As a result of this highly successful effort, AIAS is planning for 1989 a second competition for design students that will deal with design for aging, as well as people with disabilities.

THE NATIONAL CENTER ON ARTS AND AGING

One of the Endowment's partners in advocacy is the National Council on Aging (NCoA). The Endowment continues to support several arts projects of the National Center on the Arts and Aging, a program of NCoA. It is the only nonprofit national program established solely to provide services to arts/aging staff and groups working to involve older people in the arts. This national resource center works to build partnerships between the arts and aging fields through technical assistance, information exchange, conferences, publications, and workshops. The Center consulted with the 56 State arts agencies to learn more about their support for older adults as consumers and producers of art over the past 10 years. Subsequently, an intern was engaged to conduct a survey of the State arts agencies' policies, procedures, and projects for older adults' participation in the arts. Survey results will be used to produce a policy discussion paper for purposes of increasing awareness in the arts community concerning older constituents, and to further older adults' involvement in the arts.

The Center maintains a slide registry of over 400 works by older artists. During this reporting period, its Gallery PATINA exhibited the works of approximately 30 older artists. In addition, the Gallery displayed prize-winning building designs from the student competition on design for aging held during March 1987.

TECHNICAL ASSISTANCE

As part of the Office for Special Constituencies' work to educate professionals both in the arts and aging fields concerning the benefits of arts programming for older individuals, the Office organized and presented eight workshops and panels during fiscal year 1987 at State and national meetings of arts and special constituency groups. They are the American Council on the Arts (ACA), the American Association of Museums, the National Council on Aging, the National Assembly of Local Arts Agencies, the National Assembly of State Arts Agencies, as well as three State arts agencies.

For example, at the ACA research symposium, *Arts Education Beyond the Classroom*, in New York City on March 5, 1987, the Special Constituencies Coordinator and poet Ambrosia T. Shepard presented papers on the importance of arts residencies in senior centers and long-term care facilities. Ms. Shepard talked about her participation in the "Arts Mentor Program" where she was one of the 12 older artists who received training on how to adapt their skills and disciplines to the teaching of children and older adults. Developed by NCoA's Center on Arts and Aging, the program grew out of the need for more and better arts education for school children; the increased number of older adults seeking arts experiences; and the rich and largely untapped resource represented by an increasing number of older artists. Following a 2-day training session, the artists were placed in senior centers or schools, where they taught for 8 weeks. Most important, 7 of the 12 artists continue to teach their art in these settings.

Ms. Shepard, who began writing poetry in 1972, described her involvement in the program:

"Participation in the Arts Mentor Program made it possible for me to teach poetry for the first time to a group of twelve individuals at the Arthur Capper Senior Center in Washington, DC. The teacher-training program that was provided by the Center on Arts and Aging was an uplifting experience and gave me a lot more confidence in my work. Just meeting other artists and hearing about their experiences was a great opportunity, and I have continued to stay in touch with many of them."

This program is documented in a manual, *Arts Mentor Program*, that describes step-by-step procedures for replicating the program.

THE ARTS ENDOWMENT'S SELF-EVALUATION

More and more groups are becoming aware of the architectural, programmatic, and attitudinal barriers that often prevent older people from participating in cultural programs. During this reporting period, the Arts Endowment undertook a comprehensive self-evaluation to review and assess its programs and activities in terms of accessibility for people with various impairments (e.g., individuals who are hard-of-hearing or visually impaired). The evaluation was part of the implementation of the Endowment's Federally Conducted 504 Regulation which became effective on June 23, 1986. The Endowment—led internally by the Office for Special Constituencies—developed a self-evaluation plan modeled after the evaluation methods the Endowment recommends to its grantees; that is, to seek advice from disabled individuals and provide for broad staff involvement.

The Arts Endowment collaborated with two other Federal agencies—the Institute of Museum Services (IMS) and the Advisory Council for Historic Preservation (ACHP)—throughout its self-evaluation process. Since the agencies share a common facility, it was useful to conduct certain parts of the self-evaluation process jointly. Each agency head appointed an in-house group to serve on the Self-Evaluation Task Force. Chaired by the Arts Endowment's Director of the Office for Policy, Planning, Research, and Budget, the Task Force developed and guided the self-evaluation process. Five outside consultants, who represent various disability groups, were engaged to provide their individual guidance to the Task Force on the self-evaluation process and help educate staff on conducting the self-evaluation.

Subsequently, a series of four seminars were convened on July 1 and 8, 1987, to educate and assist the staff of the agencies in conducting the self-evaluation of their individual offices. Over 250 staff from the three agencies, including 79 percent of the Arts Endowment's staff, representing 100 percent of the Endowment offices, attended the seminars. In addition, representatives from five other Federal agencies visited the sessions to gain information on how to evaluate their own buildings and activities.

From the beginning, the Endowment viewed the evaluation process as more than just compliance with the regulation; it afforded an opportunity to discover where gaps exist and where improvements can be made. Although the Endowment has continued to be actively engaged in making the arts accessible, the self-evaluation process provided the impetus to expand staff awareness and make additional improvements in the overall accessibility to the Arts Endowment.

The evaluation indicated that some staff need additional information as to how to make their activities more accessible. The Endowment will conduct regular seminars for staff to address those needs. In addition, the Office for Special Constituencies is working with the Endowment's Personnel Office to develop an information package for new staff to educate them on the various ways in which this can be done.

The Endowment plans to purchase jointly with the IMS and ACHP a portable auxiliary listening system for hard-of-hearing people that will be shared among the three agencies. Further, it was found that the building's access signage (e.g., directing visitors to accessible entrances and elevators) is an area in need of considerable improvement. Steps are being taken to create additional signage and make other improvements in the building that will facilitate people's use of the facility.

CONVERSATIONS WITH OLDER ARTISTS

Through fiscal year 1987 funding from the Endowment's Media Program, radio producer Connie Goldman recorded conversations with 13 older Americans for the public radio system. This series builds on Ms. Goldman's previous broadcast program, *I'm Too Busy to Talk: Conversations with American Artists Over 70* which also received Endowment funding. The new series, *I'm Too Busy to Talk Now: Conversations with Creative People Over 70*, premiered last October. The reflections of some of our country's most dynamic older Americans are shared in the half hour radio segments. For example:

Visual artist Raphael Soyer talks about how his father, a Hebrew scholar and writer, encouraged him and his brother at very early ages to develop their talents as artists. Born in 1899, Soyer came to New York from Russia at the age of 12, and refers to New York City as his "adopted country." Speaking of his lifetime career as an artist, he says:

> "I go to my studio every morning (even on Christmas and Yom Kippur) and come home when the light fails as I've always worked by daylight. I work hard and am very self-critical. I bring the world into my studio and worry about each painting. It's always like the first time, no matter how old I get. Artists don't retire. They work up until the very last minute and that is what I intend to do!"

When asked about his abilities to create, Soyer replied:

> "I don't like the word 'create'. I'm not God. I'm a worker. I'm an artist. I paint pictures, I sell them. I make a living. When I do a good painting, it satisfies me. I feel good. There is nothing mysterious or highfalutin' about it."

Poet and novelist May Sarton, who resides in York, ME, talked about her mentor:

> "When Virginia Wolf died, I felt now there is no writer whose work I am going to wait for as I did for hers, and there isn't! For each book was new. She was constantly going further. She was a very great influence. I've had so many great friendships and more often with people older than I. I suppose it's because I was always looking for masters or people who could teach me something. Old age can be very beautiful, but it depends on what has happened inside the face. In other words, wrinkles are of no importance as compared to the quality of life lived, which is what you see in the face."

Painter Jacob Lawrence, a former member of the National Council on the Arts who recently retired from a full professorship at the University of Seattle in Washington, says that he will never retire as an artist:

> "The older artists I know are more stimulating, more exciting and have more to say with age . . . much more. As I've grown older, I think my work has become more complex. I see more, I am more aware of things. There is an ongoing development taking place. I feel that I have matured and am now at my peak."

Author Irving Stone refers to Jean, his wife of 52 years, as his editor-in-residence. He says that his fourth draft always goes to Jean and she spends almost as much time editing as he does writing. When Stone wrote *The Agony and the Ecstasy,* he served as an apprentice for a marble sculptor in Italy to learn more about Michelangelo's life. Stone explained:

> "I have to become the person I am writing about. I begin by going to the area of his or her life. I get into their life-style. I immerse myself in the atmosphere of their locale. In a week or a month, I begin to empty out myself and fill myself with the life, the thinking, the feelings, the emotions, the aspirations and hopes of the person I am writing about. After a year or more of research, I am ready to write from inside the man or woman I am writing about."

When asked how age has affected his work, Stone replied:

> "I've just had an 83rd birthday. It would be foolish for me to say we don't pay any dues; we do. I can't work as long as I used to but perhaps I've achieved a bit of wisdoom . . . so I get as much done in less time. I know that I'll always be able to write as many books as I want to and *must.* It's basically a question of whether you are contributing something creative. It doesn't matter what art or what profession, what industry or what calling. If you think that you are using your days in a valuable sense . . . that the world may be a little more knowledgeable, a little more beautiful because you live and are working, then you have that great psychic-lift. For us to retire would be to retire from the great surge of joy and creative force of our lives."

In raising the voices of artists and others, who are leading long, productive lives, *I'm Too Busy to Talk Now* debunks negative stereotypes and provides models of "successful aging" that offer both challenges and accomplishment. This 13-week series is being broadcast nationwide through approximately 300 stations of the public radio network.

ENDOWMENT FUNDING

Although Endowment-supported programs serve and benefit people of all ages, many other Endowment grants provide support for activities that are either directed to or include older individuals. The examples below represent a wrange of programmatic activities—from those designed for outreach to older audiences to grants which reach significant artists who happen to be older.

PROGRAM SUMMARY OF NATIONAL ENDOWMENT FOR THE ARTS

ARTS IN EDUCATION

New Mexico Arts Division, in Santa Fe, NM, conducts an Artists-in-Residence Program where artists work in schools, senior centers, and hospitals.

Ohio Arts Council, in Columbus, OH, conducts short-term residencies in the visual and performing arts in a wide variety of locations including senior centers, community centers, schools, and hospitals.

Dance

Choreography Fellowships are awarded to exceptional artists so they may have an extended period of time for creative exploration. Recipients 60 years of age and older are:

Remy Charlip of New York City;
Katherine Dunham of East St. Louis, IL; and
Anna S. Halprin of Kentfield, CA.

DESIGN ARTS

Ecumenical Association for Housing in San Rafael, CA, is researching and developing information on how combined housing for non-traditional family units—such as older adults, single parents, or working couples—utilizes shared services such as maintenance help, child, school, or health care. Project results will be documented in a slide presentation and booklet that are distributed to nonprofit housing organizations and others.

EXPANSION ARTS

Catamount/Grass Roots Arts & Community Efforts, in St. Johnsbury, VT, conducts weekly art workshops and rotating art exhibitions in three nursing homes and other selected locations.

The Dance Exchange, Inc., in Washington, DC, presents "Dancers of the Third Age", a troupe of professional dancers 60 years old or older.

The Family, Inc., in New York, NY, produced two new plays in their regular repertory seasons which were presented to institutionalized people including older citizens.

Little Miami Theater Works, in West Liberty, OH, produced and performed original theater pieces created from stories collected from Ohio's rural and small-town elderly residents. The stories are preserved in a tape archive for the community.

Opus Inc./Arts & the Aging, in Hartford, CT, provides performances and residencies by older artists in senior centers, nursing homes, and other residencies for older citizens. A city-wide exhibition of works produced during and following the residencies is planned.

FOLK ARTS

Bethel German Communal Colony, Inc., in Bethel, MO, held a program of old-time fiddling and square dancing presented mainly by those over 60 years of age. Special ticket discounts were avilable to senior citizens.

City Lore: The New York Center for Urban Folk Culture, in New York City, recorded performances by 85-year-old Leon Schwartz, who is a master klezmer violinist.

Cornell University, in Ithaca, NY, produced "The Iroquois Great Law of Peace and the United States Constitution", a conference in September 1987 that included Iroquois elders. The program is documented on videotape.

Kaa & Tl'atk Corporation, in Ketchikan, AK, presented a folk arts instructional series led by tribal elder artists.

La Compania de Teatro de Albuquerque, in Albuquerque, NM, presented "Music Enhancement for the Elderly" at senior meal-site centers, nursing homes, and in the rooms of hospitalized people.

New Mexico Arts Division, in Santa Fe, NM, presented "La Musica del Los Viejitos 3", a folk music festival involving Hispanic folk musicians and dancers. Transportation to the fiesta was provided to older people throughout northern New Mexico.

Roberson Center, in Binghamton, NY, toured a folk arts exhibition to libraries, schools, senior centers, cultural organizations, and hospitals.

University of Alaska at Fairbanks, in Fairbanks, AK, completed a viewer discussion guide and three films that document an Eskimo elder speaking in traditional narrative genre.

University of Hawaii, in Honolulu, HI, completed a film on the work of master memory painter Charley Gibbons, who is in his eighties.

National Heritage Fellowships were awarded to 14 artists whose work has been characterized by "authenticity, excellence, and significance within a particular artistic tradition." Ten of the recipients are over 65 years of age.

INTER-ARTS

California Institute of Technology, in Pasadena, CA, marketed productions of special appeal to senior citizens and children in an effort to broaden its audience.

The Exploratorium, in San Francisco, CA, is strengthening its responsiveness to disabled and elderly communities. The Exploratorium hired an access coordinator, arranged for American Sign Language interpretation at museum events, and made exhibit modifications.

Hubbard Hall Projects, in Cambridge, MA, is supporting a chamber music residency at the Priest Farm. Rehearsals are open to older citizens and children.

Krannert Center for the Performing Arts, of the University of Illinois in Urbana, is conducting phase two of an audience development initiative for older citizens. The project includes establishment of a transportation network, development of special informational materials related to services and offerings for older citizens, and matinee performances.

Lincoln Center for the Performing Arts, in New York City, distributed free tickets for its Community Holiday Festival to neighborhood groups, low-income minority children and families, and older citizens on fixed incomes.

The National Council on the Aging, Inc./National Center on Arts and the Aging, in Washington, DC, continues to provide a resource center for artists and arts groups working to involve older Americans in the arts, and increased opportunities for older artists to teach, exhibit, and perform their work.

Spoleto Festival U.S.A., in Charleston, SC, received funding to produce its 11th season, including its Gratis Ticket Program, which makes Spoleto performances available to minority, older, disabled, and institutionalized populations.

United Jewish Y's of Long Island, in Plainview, NY, presented the "Grand Performance Series", "Sunday Afternoon Family Series", and annual "Jewish Arts Festival." Mailings were sent to organizations representing older people and those with disabilities. Programs are printed in Braille, performances are sign-interpreted, and asphalt paths provide accessibility for those with mobility impairments.

LITERATURE

ASU Creative Writing Program, in Tempe, AZ, implemented a residency project called WRITERS-NEIGHBORHOODS. Guest writers visit a variety of locations to conduct workshops, and give readings in public libraries, museums, or civic centers. Members of senior groups, bookclubs, writers societies, as well as college students and faculty, were invited to participate.

Guadalupe Cultural Arts Center, in San Antonio, TX, received support for its 1988 Summer Writers-in-Residence Series. Writers give weekday readings for older citizens at slected neighborhood centers.

Mount Hood Community College, in Gresham, OR, presented the "Mountain Writers Series." Efforts are made to increase older citizens' participation through press releases to local senior citizen newspapers and flyers to senior writing workshops.

Warren Wilson College, in Swannanoa, NC, presents residencies led by poets and fiction writers in which artists work with high school students, older citizens, and Elderhostel groups.

YM-YWCA, in Philadelphia, PA, established residencies at the Gersham Y Poetry Center. Outreach activities include readings and workshops in a correctional institution, senior citizen homes, and for disabled persons.

LOCALS TEST PROGRAM

Anson County Arts Council, in Wadesboro, NC, took programs to the senior center and offered reduced-price tickets to older adults for symphony performances.

Arts Council of Conway County, in Morrilton, AK, sponsored performances by the resident theater in nursing homes.

Arts Council of Fayetteville/Cumberland County, Inc., in Fayetteville, NC, awarded grants for projects that specifically serve ethnic minorities, older citizens, those in rural areas, and urban youth.

Cleburne County Arts Council, in Heber Springs, AR, presented the Arkansas Ensemble at nursing homes.

Office of the Arts and Humanities, in Boston, MA, increased access for special constituencies: One-tenth of all tickets for performances in Boston's downtown cultural district was made available to children and senior citizens at reduced rates; review criteria for regranting funds includes outreach to underserved constituents, including older people; cable television programming was developed for both the general public and special constituencies; and reduced ticket prices for events outside the cultural district are available to special constituencies.

Sacramento Metropolitan Arts Commission, in Sacramento, CA, developed a technical assistance program, which includes outreach efforts to locate and involve disabled and senior citizens, and ethnic minorities in the arts.

MUSEUMS

American Craft Museum, in New York City, presented a retrospective show on George Nakashima, an 80-year-old furniture maker from Pennsylvania. This exhibition is the first in a series entitled "EXCELLENCE: America's Living Treasures."

California State University, Art Musuem, in Long Beach, CA, presented *Centric 1987,* a series of small exhibitions. Docent tours are given to children, older citizens, and other special constituencies including people from the Veterans's Hospital and Leisure World facilities.

Center for African Art, in New York City, conducts ongoing educational and outreach programs serving children, older citizens, and various cultural associations.

Fitchburg Art Museum, in Fitchburg, MA, is implementing a comprehensive program for regional outreach designed to serve a variety of civic and cultural groups, including nursing homes and Rotary clubs.

Henry Street Settlement, in New York City, presents the Museum Education/Community Arts Program. Targeted audiences are local school children and older citizens from the multi-ethnic lower East side community.

Hope College, in Holland, MI, is exhibiting Australian art of the second half of the 19th century. Outreach efforts are made through arts councils and other community groups to insure the involvment of ethnic minorities, older and disabled people.

Institute for Art and Urban Resources, Inc., in Long Island City, NY, is presenting "Theater Gardens," an exhibition updating this 18th century are form. Regular tours will be given to older adults, as well as school children.

Museum of African American Art, in Los Angeles, CA, is presenting an exhibition of the works of Richmond Barthe, 87 years old.

Museum of American Folk Art, in New York City, is presenting "A Knot in the Thread: Slave Quilting in the Ante-Bellum South." School groups, older adults and special membership organizations are offered curatorial tours to encourage attendance.

Museum of Contemporary Art, in Chicago, IL, organized a traveling retrospective of the works of Gerhad Richter. Outreach programs were conducted for school children and older citizens.

National Trust for Historic Preservation, in Washington, DC, is organizing a second project to address issues of program and facility access for disabled and older visitors within the historic environment. Building on the success of its 1985 access program, the project includes: Four regional access workshops for historic site managers; mini-grants to provide participants sites with opportunities to implement access projects, and dissemination of project results through National Trust publications.

MUSIC

Affiliates Artists Inc., in New York City, continued its Xerox Pianists Program. Each pianist perform residencies in a number of settings, including hospitals and senior centers.

Arkansas Symphony Orchestra, in Little Rock, AR, provides outreach through its string quartet which tours schools as well as institutions for older citizens.

Amherest Saxophone Society, Inc., in Buffalo, NY, is performing in Buffalo hospitals, homes for disabled people, nursing homes, and retirement communities.

Bach Aria Group Association, in Stony Brook, NY, provides free tickets for its performance to nursing homes and other organizations that involve older people.

Baton Rouge Symphony Association, in Baton Rouge, LA, provided concerts for disabled and older citizens who are institutionalized.

Carnegie Hall Society, Inc., in New York, NY, is presenting special day-time programming for older and disabled persons.

Chamber Music Northwest, in Portland, OR, presented its 17th annual summer festival. Residents of nursing homes as well as special constituency groups attended rehearsals.

Chamber Music Society of Grand Rapids, Inc., in Grand Rapids, MI, is providing a residency by the New World String Quartet at Michigan Technological University. Outreach activities include performances in retirement homes, schools, and neighboring towns.

Charlotte Symphony Orchestra, in Charlotte, NC, performs in senior centers, churches and other such gathering places.

Dallas Symphony Orchestra, in Dallas, TX, presents programming for minority and special constituency audiences, including free park concerts aimed at older adults.

Dayton Philharmonic Orchestra Assn., Inc., in Dayton, OH, through its ensemble concert series, provides performances in hospitals, nursing homes, and institutions for disabled people.

Jerry M. DiMuzio, in Chicago, IL, is performing a free series of saxaphone concerts at veteran's hospitals, nursing homes, and halfway houses.

Evansville Philharmonic Orchestra Corporation, in Evansville, IN, organized an ensemble program that presented in senior centers.

Fairfax Symphony Orchestra Inc., in McLean, VA, is presenting "It's Simply Symphonic" program. Performances are given to children and special constituencies, including those in nursing homes.

Friends of the Philadelphia String Quartet, in Seattle, WA, presentd the Olympic Music Festival. Ticket discounts and transportation were provided to senior and disabled citizens.

Gregg Smith Singers, Inc., in New York City, performs for older citizens as part of its Adirondack Festival of American Music.

Handel & Haydn Society, in Boston, MA, provides outreach programs to public schools and nursing homes. A traveling quartet tailors each demonstration/workshop to the needs and preferences of the receiving organization.

Harrisburg Symphony Association, in Harrisburg, PA, was awarded a grant for its youth symphony orchestra to perform in high schools and senior centers.

Haydn-Mozart Chamber Orchestra, in Brooklyn, NY, is conducting a "Senior Citizens Outreach Program" which presents performances to older citizens from the Brooklyn area.

Lexington Philharmonic, in Lexington, KY, produced ensemble performances for older citizens, as well as elementary school children, and hospitalized children.

Little Orchestra Society of New York, in New York City, offers outreach services to the community through its "Chance for Children" and "Project 65 Plus."

Minnesota Orchestral Association, in Minneapolis, MN, is presenting sommerfest, a summer classical music festival. Daytime performances and low-cost tickets are designed to reach underserved people including older adults.

Monterey County Symphony, in Carmel, CA, provides concerts and outreach prorams to youth, disabled people, older citizens and the Hispanic community.

New Orleans Philharmonic Symphony Society, in New Orleans, LA, continues its program of concerts in accessible locations for its older, disabled, and ethnic minority audiences.

New York Concertino Ensemble, Inc., in Astoria, NY, is producing "How to Listen to Music: The Four Seasons." In addition to ticket discounts for older citizens, the Ensemble performs in senior centers.

Oakland Youth Chorus, in Oakland, CA, is presentiang three full-length concerts for older citizens.

Paragon Brass Ensemble, in Houston, TX, is performing outreach concerts for older and disabled audiences.

Philomel Concert, Inc., in Philadelphia, PA, is producing the Philomel Festival and Chamber Series. Outreach Activities includes free tickets to those in nursing homes and retirement communities.

Saint Louis Conservatory and Schools for the Arts, in St. Louis, MO, holds pre-concert lectures by music scholars for audiences of disabled and older perosns. Funding for transportation and admission is provided as well.

San Francisco Symphony, in Santa Barbara, Ca, provides a Sunday matinee series and concert previews for students, disabled people, older citizens, and low-income persons.

Santa Fe Chamber Music Festival, in Santa Fe, NM, includes outreach concerts in nursing homes and the school for deaf people.

Scarborough Chamber Players, of Squantum, MA, performed in schools, senior centers, and a community college.

Shirley Scott, in Philadelphia, PA, performs free piano concerts for students, older citizens, and others.

South Dakota Symphony Orchestra, in Sioux Falls, SD, is presenting the Dakota Wind Quintet throughout a five State region. Many performances are given in senior centers and institutions for disabled children.

Stamford Symphony, in Stamford, CT, launched a Sunday matinee series with 50 percent discounts for students and older citizens.

Bill Sulka, in New York City, continues work on an oral history project that involves interviews with veterans of the "Big Band Era". Begun in 1975, over 600 interviews are now housed at the Rutgers Institute of Jazz Studies.

Symphony Society of Greater Hartford, Inc., in Hartford, CT, offers students and older citizens discounts to its classical subscription concerts.

Theatre Development Fund, in New York City, offers discounted tickets to its restricted mailing list, which includes students, teachers, older citizens, union workers, clergy, and military personnel.

Visiting Artists, Inc., in Davenport, IA, provides outreach through multidisciplinary events in hospitals, long-term care institutions, and organizations representing older people.

Warren Wilson College, in Swannanoa, NC, worked with a local retirement center to provide residents with transportation and reduced ticket prices to the 1987 Swannoanoa Chamber Music Festival.

Jazz Master Fellowships, in recognition of outstanding lifetime accomplishment, were awareded to three older Americans:

Cleo Patra Brown of Denver, CO;
Melba Doretta Liston of New York City; and
Jay "Hootie" McShann of Kansas City, MO.

OPERA-MUSICAL THEATER

Opera America, in Washington, DC, continues its Special Constituencies Technical Assistance Program, which assists member companies in providing accessibility for disabled and older citizens. The program includes incentives to opera companies in the form of mini-awards for accessible programming, workshop and sign-language interpreted performance at its annual conference.

STATE PROGRAMS

Arizona Commission on the Arts, in Phoenix, has a Ticket Discount Program which enables youth, disabled and older persons to attend performances at reduced prices.

Arkansas Arts Council, in Little Rock, provides a theater and music program in nursing homes.

District of Columbia Commission on Arts and Humanities conducts a Special Constituencies Program to help provide continuing arts programming for special populations. Grants are awarded to artists and art organizations that provide arts programming for older, disabled, and institutionalized people. The program requires the involvement of the targeted population in the planning, execution, and evaluation of each project.

Iowa Arts Council, in Des Moines, ensures access to the arts to all citizens through its Special Constituency Program which offers participatory arts experiences to older, disabled, and institutionalized people.

Ohio Arts Council, in Columbus, conducts the Major Institution Support Initiative Program through which ethnic minority and special constituency outreach projects are developed with its grantees. The program is designed to fund exemplary model projects that make existing arts programs more available to special constituencies.

THEATER

Alaska Repertory Theatre, in Anchorage, AK, is providing accessible mainstage and musical productions through an infrared listening system for hard-of-hearing people, sign-language interpreted performances for deaf individuals, and free tickets for older people.

VISUAL ARTS

Visual Artists Fellowships were awarded to artists working in crafts, sculpture and photography. The grants are given to help support the creative development of professional artists by enabling them to set aside time, purchase materials, and pursue their work. Artists 60 years of age and older include:

Thomas J. Chimes of Philadelphia for painting; and
Ellen Lanyon of New York City for painting.

ITEM 24. NATIONAL ENDOWMENT FOR THE HUMANITIES

DECEMBER 7, 1987.

DEAR SENATOR MELCHER: I am pleased to enclose a report summarizing the major activities for or about the aging supported by the National Endowment for the Humanities in fiscal year 1987.

Many of the projects that received Endowment support during the past year either involved older Americans as grant recipients or project contributors or were of particular interest to them. A number also specifically addressed older persons as an audience or aging as an issue. But the potential of NEH for older Americans does not stop there. The products resulting from all Endowment programs are available to older Americans for their personal enjoyment and enrichment—from the books and articles written by humanities scholars to the film and radio programs produced by our Media program.

The State humanities councils have also been very active in developing programs for or about the aging, and a number of their efforts are summarized in the report. Anyone wishing further information on the State councils' activities in this area is invited to contact NEH or any one of the councils.

I hope that you and your committee will find this material useful. Please let me know if we can be of any further assistance.

Sincerely,

LYNNE V. CHENEY.

Enclosure.

REPORT ON ACTIVITIES AFFECTING OLDER AMERICANS IN 1987

I. THE MISSION OF THE ENDOWMENT

The National Endowment for the Humanities was established by Congress to support the advancement and dissemination of knowledge in history, literature, philosophy, and other disciplines of the humanities. NEH grants sponsor scholarship and research in the humaniteis, promote improvements in humanities education, and foster greater public understanding and appreciation of these disciplines. Grants are awarded in response to unsolicited project proposals submitted to the Endowment by organizations and individuals and on the basis of evaluative judgments informed by a rigorous process of peer review. The agency does not set aside fixed sums of money for work in any discipline or for any particular area of the country or group. As a result, there is no grant program at NEH specifically for senior citizens; nor is there a funding category within the agency expressly designed to support the study of aging or the elderly. Rather, projects for or about senior citizens may receive support through the full range of Endowment programs.

Although the Endowment does not have programs specifically related to aging, NEH-supported books, lectures, exhibitions, programs for radio and television, and educational opportunities for adult learners help bring the humanities to senior citizens. In addition, each year a number of schoolars, 65 or older, receive NEH funding to conduct research in the humanities, while others assist the Endowment by serving on grant review panels or as expert evaluators.

II. PARTICIPATION BY OLDER AMERICANS IN NEH PROGRAMS

Applications for NEH funding are evaluated by peer panels and specialist reviewers, Endowment staff, the National Council for the Humanities, and the Chairman of the agency. Only applicants whose proposals are judged likely to result in work of exemplary quality and central significance to the humanities receive support. However, anyone may apply for an NEH grant, and no one is barred from consideration because of age. Each year numerous projects are funded, that involve older persons as primary investigators, project personnel, or consultants. Robert Nisbet, who will be the 1988 NEH Jefferson Lecturer—the Federal Goverrnment's highest honor for scholarship in the humanities—and Sidney Hook and Cleanth Brooks, also recent Jefferson Lecturers, are prominent examples of the many senior American scholars who have received NEH support and recognition for their work in the humanities.

Endowment support for older scholars is particularly evident in the Division of Research Programs. Of course, this is merely a reflection of the depth and breadth of knowledge that many of the most senior scholars bring to their work in the humanities. In several cases, older scholars are receiving NEH support to continue long-term, collaborative research projects that they have directed and sustained over a period of many years.

Several grants awarded during fiscal year 1987 to well-know and widely respected scholars, 65 years of age or older, illustrate the excellence of NEH-supported research currently being done by these older Americans:

—$60,000 that will enable Philip Kolb, Emeritus Professor of French at the University of Illinois, Urbana, to prepare volumes 17-20 of his critical edition of the correspondence of Marcel Proust;

—$150,000 that will enable Frederick Cassidy of the University of Wisconsin to continue work on his monumental *Dictionary of American Regional English*; and

—$30,000 that will enable Arthur Voobus, world renowned syrologist, to continue preparation of research tools and reference works on the manuscript sources of the history of the Syrian Orient.

Older Americans also participated in NEH programs by serving as grant review panelists or specialist reviewers. Germaine Bree, Kenan Professor of the Humanities at Wake Forest University, and Walter Rideout, Harry Hayden Clark Professor of English at the University of Wisconsin, are among the distinguished scholars, 65 years of age or older, who contributed their services in this way during 1987.

In some cases, older Americans without scholarly training have contributed to Endowment-sponsored projects by providing invaluable information. For example, several NEH-supported projects to document or preserve the unique cultures of Native American peoples are heavily indebted to older tribal members for their resources of memory and understanding. In fiscal year 1987, a total of $276,816 was awarded for three projects to compile dictionaries of Salish and Gros Ventre dialects while it is still possible to interview the surviving Native American speakers.

Of course, the Endowment has its greatest impact among older Americans when they read books, attend public programs, or participate in educational activities made possible by an NEH grant. Many of the projects funded in the Division of Education Programs, and all of the activities supported by NEH to increase understanding of the humanities among the general public, reach large numbers of older persons.

Continuing Education.—Many institutions of higher education offer a variety of opportunities for adult learners, including older persons, to extend their education without enrolling in regularly offered undergraduate courses. Because continuing education programs typically are offered in the local community at sites such as public libraries or conducted at home via correspondence, such programs may be particularly well suited to the needs of older persons wishing to deepen their understanding of the humanities.

In fiscal year 1987, NEH, through the Education Division, awarded four grants totalling $400,917 to help meet the needs of nontraditional learners. These grants will assist efforts to improve the quality of education or decrease the unit cost of instruction at institutions, such as colleges, libraries, and museums, that already have programs for nontraditional learners. As in all Endowment programs, proposed projects for adult learners must be intellectually substantive and throughly grounded in the scholarship of the humanities in order to receive funding.

Humanities Projects in Media.—Television productions supported by the Endowment, such as *American Short Story, Life on the Mississippi, Huey Long,* or the recently rebroadcast series *The Adams Chronicles,* are ideal for older people who cannot or prefer not to leave their homes. Humanities radio programming supported through the Media Program is particularly well suited to the needs of elderly persons who, because of visual handicaps, might have limited access to the humanities in other media. For example, in fiscal year 1987 the Endowment awarded a $35,177 grant for *Soundings,* a weekly series of 52, 30-minute radio programs featuring discussions with scholars on recent research in the disciplines of the humanities. Also in fiscal year 1987, a $100,000 NEH grant was awarded to support the production for radio of an Eugene O'Neill play and an accompanying documentary about the author and his work, both of which are to be broadcast during the centennial of O'Neill's birth.

Specific information on media programs and any adjunct material produced are provided to organizations working for special groups, including the elderly. For many elderly people confronting problems such as impaired vision and reduced mobility, these Endowment-funded media programs not only provide access to the humanities but also create an opportunity for stimulating dialogue with others.

Humanities Projects in Museums and Historical Organizations.—In this program, the Endowment is making an effort to reach the elderly by encouraging museums or historical organizations receiving Federal funding to waive entrance fees for senior citizens and others on certain days.

Humanities Projects in Libraries.—By sponsoring reading and discussion programs for adults in public libraries, the Endowment through this program is helping to make intellectually stimulating activities available to senior citizens in their local communities. In fiscal year 1987, the National Council on the Aging received an NEH grant to create a nationwide program of library reading and discussion programs specifically designed for older Americans.

III. EXAMPLES OF NEH GRANTS AFFECTING OLDER AMERICANS

Since fiscal year 1976, the Endowment has awarded approximately $3.2 million to the National Council on the Aging for its "Discovery Through the Humanities" program. throughout a network of over 1,500 senior centers and other sites participating in this project, volunteer leaders guide small groups of senior citizens through active, in-depth discussions of the work of prose writers, poets, artists, philosophers, scholars, and critics. Program staff prepare and distribute thematically organized anthologies and ancillary instructional materials and provide training and technical assistance to discussion leaders. The 14 anthologies currently in use include: "A Family Album, The American Family in Literature," "Images of Aging," "Americans and the Land," "The Remembered Past, 1914–1945," "Work and Life," and "The Search for Meaning." Each anthology is designed to stimulate the group participants to relate what they read to their own experience and to universal human issues. Ranging between 100 and 300 pages in length, printed in large print type, and attractively illustrated with paintings, sculpture, and photographs, each anthologizes material from history, philosophy, and literature; both the classics and contemporary authors are represented.

In fiscal year 1987, the National Council on the Aging received $57,886 to continue and to broaden the "Discovery Through the Humanities" program. During the period 1987–89, the program will stimulate thoughtful discussion of constitutional issues through its newly developed anthology, "The Family, The Courts and the Constitution." In fiscal year 1987, NEH also awarded $50,000 to the National Council on the Aging to develop a program of scholar-led reading and discussion groups and library research projects for older adults in six library systems across the country.

During the past fiscal year, the Endowment made a number of other awards for projects designed, in whole or in part, to inquire into aging-related issues, to make available materials or activities of interest to the elderly, or to use the elderly as a resource. For example, in fiscal year 1987 the Endowment provided:

—$80,380 to support the production of four 30-minute radio programs on the intersection of life stages and musical creative genius, with special emphasis on the late-life creativity and styles of selected Western composers; and

—$78,566 to the East Tennessee Historical Society to support film and book discussion programs for senior citizens that explore southern history from colonial times to the present and American history in the early 20th-century.

The Endowment supports on a contractual basis several research studies on condition in the humanities. These studies provide a wide range of demographic data on individuals who have earned an advanced degree in an humanities discipline and are an important source of information about older Americans who are or have been members of the professoriate or one of the professions. Since 1977, for example, NEH has supported the Survey of Doctorate Recipients, which gathers data on the characteristics and life-cycle career patterns of persons who have received a Ph.D. in the humanities. This data base includes the salaries and type and location of employment of all persons who have received a doctorate degree within the last 43 years.

IV. STATE PROGRAMS AND THE AGING

The State Programs Division of the Endowment makes grants to humanities councils based in the 50 States, Puerto Rico, the District of Columbia, and the Virgin Islands. These councils, in turn, competitively award grants for humanities projects to institutions and organizations within each State. State humanities councils have been authorized to support any type of project that is eligible for support from the Endowment, including educational and research projects and conferences. The special emphasis in State programs, however, is to make focused and coherent humanities education possible in places and by methods that are appropriate to adults.

Examples of State council-funded projects for older Americans or about aging-related topics are presented below:

Connecticut

In the fall of 1987, the Connecticut council conducted a program development conference under the auspices of the New England Foundation for the Humanities. Representatives from the six New England councils, directors of State library organizations and aging commissions in the region, and representatives of the National Council on the Aging participated in workshops where they discussed the role of scholars in programming for seniors, program development strategies, and fund-raising. The council hopes that its model of programs for senior citizens will be adopted throughout the region.

Florida

The Florida Endowment for the Humanities recently funded a project entitled, "A Retirement Community Views the Past." Four 2-day programs on immigration history were conducted in a large retirement community. Along with immigration historians and members of the local historical society, residents of the community read historical works, viewed slides, and learned oral history techniques applicable to preserving their own family histories.

New Hampshire

With support from the New Hampshire humanities council, six philosphers from that State's colleges and universities taught a total of 12 mini-courses for the elderly. Offered at 10 geographically diverse locations, including nursing homes and elderly housing complexes, the programs focused on religion and the nature of morality.

New Jersey

The New Jersey committee has scheduled 25 programs for senior citizens this year. So far, over 2,700 people have been served and 59 scholars from New Jersey's colleges and universities have participated as lecturers.

South Dakota

With a grant from the South Dakota Office of Adult Services, the South Dakota Committee conducted a series of lecture and discussion programs in senior centers throughout the State. Participating scholars presented programs from among three topics: "Aging in America," Ethnic Diversity in South Dakota," and "Boom and Bust—the Good Old Days." Programs were offered in 25 senior citizen centers statewide and were attended by over 1,200 persons. An additional grant has been awarded to the committee to bring the program to 30 more communities in the coming year.

ITEM 25. NATIONAL SCIENCE FOUNDATION

DECEMBER 9, 1987.

DEAR MR. CHAIRMAN: Your letter of September 14, 1987, to the Director of the National Science Foundation (NSF) was referred to me since this Directorate provides much of NSF's support of research on aging.

It is a pleasure to report on the activities of NSF related to aging and the concerns of the elderly. As stated in the enclosed report, the Foundation does not have any programs directed specifically toward issues related to aging. However, basic and applied research projects having both direct and indirect bearing on this important area of national concern are supported through the Foundation's regular research grant programs. Most such projects have been supported through the Bioengineering and Research to Aid the Handicapped program and the Critical Engineering Systems Division in NSF's Directorate for Engineering and through three divisions of the Directorate for Biological, Behavorial and Social Sciences.

If you would like additional information, please do not hestitate to call on me.

Sincerely,

DAVID T. KINGSBURY,
Assistant Director.

REPORT FOR DEVELOPMENTS IN AGING

The National Science Foundation, an independent agency of the Executive Branch, was established in 1950 to promote scientific progress in the United States. The Foundation fulfills this progress in the United States. The Foundation fulfills this responsibility primarily by supporting basic and applied scientific research in the mathematical, physical, environmental, biological, social, behavorial and engineering sciences, and by encouraging and supporting improvements in science and engineering education. The Foundation does not support projects in clinical medicine, the arts and humanities, business areas or social work. The National Science Foundation does not conduct laboratory research or carry out education projects itself; rather, it provides support or assistance to grantees, typically associated with colleges and universities, who are the primary performers of the research.

The National Science Foundation generally is organized along disciplinary lines. None of its programs has a principal focus on aging-related research, although a substantial amount of research bearing various degrees of relationship to aging and the concerns of the elderly is supported across the broad spectrum of the Foundation's research programs. Virtually all of this work falls within the purviews of the Directorate for Biological, Behavorial, and Social Sciences and the Directorate for Engineering.

DIRECTORATE FOR BIOLOGICAL, BEHAVIORAL, AND SOCIAL SCIENCES

The research projects supported by this directorate are designed to strengthen sciencific scientific understanding of a biological, and social phenomena. Research is supported across a spectrum ranging from the fundamental molegules of living organisms to the complex interaction of human beings and societal organizations. These projects are supported by five research divisions covering approximately 32 research programs. Virtually all the Directorate'current research relevant to aging is being conducted in its Divisions of Cellular Biosciences, Behavorial, and Neural Science, and Social Economic Science.

Division of Cellular Bioscience

This division supports research designed to provide answers to long-standing biological questions concerning how plants, animals and microorganisms grow, reproduce, and function; and how life processes are initiated, regulated, controlled, expressed, and integrated at the level of the gene, cell and organism. This division has no projects on aging humans, but does support some work relevant to aging that employs animal and plant models. For example, a study supporting research on the abscission (shedding) of leaves will provide basic information on the aging process through an examination of the role of enzymes in senscence at the cell level.

Division of Behavioral and Neural Sciences

Research supported by this division advances understanding of the biological, environmental and cultural factors that underlie the behavior of human beings and animals, with an explicit emphasis on nervous system structure and function. A number of studies related to aging have been supported in this division in the past year. A project using an animal model investigates memory loss in aging, studying possible chemical intervention to alleviate memory loss in the neural substrate. Another study examines retention of knowledge in humans, focusing on the characteristics of information which result in long or short term retention. A third project also focuses on memory in humans. It is studying preservation of and changes in ballads, which are retained only in oral memory by elderly singers.

Division of Social and Economic Science

This division focuses primarily on expanding fundamental knowledge of how social and economic systems work. Attention is centered on organizations and institutions, and how they function and change, and how human interaction and decisionmaking take place. The Division supports the collection of large sets of data, such as national surveys, that might be used by many investigators, as well as the research projects of individual scientists. Most of the work supported by this division has indirect, rather than direct, relevance to aging and the concerns of the elderly. For example, this division supports the operation of the Committee on National Statistics of the National Academy of Sciences. A panel of this Committee is concerned with "Statistics for Policy Analysis for an Aging Population," which has working groups focusing on health and related issues, and on improvement of data resources for policy analysis in this area. Another large data set is provided by the Panel Study of Income Dynamics, which is building a data series covering the entire life-cycle of a nationally representative sample of American households. A number of individual projects supported during the past year will concentrate on economic aspects of aging. Topics to be studied include: interfamily and intergenerational transfer of income; the operation of tax deferred savings and their relation to pensions and retirement; private pension plans and the age of retirement; and allocation of resources, including non-monetary, within families. Studies in the economic and social sciences have impact in leading to an understanding of aging and in guiding public policy concerned with the elderly.

DIRECTORATE FOR ENGINEERING

The National Science Foundation's Directorate for Engineering seeks to strengthen engineering research in the United States and, as appropriate, focuses some of that research on areas relevant to national goals. This is done by supporting projects across the entire range of engineering disciplines and by identifying and supporting special areas where results are expected to have timely and topical applications.

All aging-related research supported by this directorate is through its Bioengineering and Research to Aid the Handicapped Program. Most of this work is indirectly related to issues of aging and the elderly—its relevance derives from the increased propensity for the elderly to develop physical handicaps. Examples of projects funded by this program include studies of: neural control of excretory function; bone and joint degeneration and restoration; speech recognition and hearing as applied to a deaf/hearing telephone system; neurophysiological control of artificial limbs; and neural regeneration in the vertebrate central nervous system. While not specifically directed toward problems of aging, these studies have potential for dealing with conditions prevalent in old age.

ITEM 26. OFFICE OF CONSUMER AFFAIRS

DECEMBER 15, 1987.

DEAR SENATOR MELCHER: In response to your request, I have enclosed the "Report of Activities of the U.S. Office of Consumer Affairs During 1987 Relating to Older Americans."

My office is pleased to have the opportunity to contribute to the Committee's Annual Report on Aging. I am keenly aware of the problems, needs, and concerns of our elderly consumers. In 1988, my office is expanding its activities to provide even greater assistance to elderly consumers.

Sincerely,

VIRGINIA H. KNAUER,
Special Adviser to the President for Consumer Affairs and
Director, U.S. Office of Consumer Affairs.

Enclosure.

ACTIVITIES OF THE U.S. OFFICE OF CONSUMER AFFAIRS DURING 1987 RELATING TO OLDER AMERICANS

The Director of the U.S. Office of Consumer Affairs (OCA) is Virginia H. Knauer, who is also Special Adviser to the President for Consumer Affairs. The President has also designated Mrs. Knauer as the Chairperson of the Consumer Affairs Council, established by Executive Order 12160. Mrs. Knauer directs consumer affairs activities at the Federal level. OCA provides the staff and administrative support to carry out these responsibilities.

OCA encourages and assists in the development and implementation of programs dealing with consumer issues and concerns; advises agencies with business and industry officials by encouraging the development of voluntary employment, consumer protection and information programs; serves as the focal point for the coordination and standardization of Federal complaint handling efforts; works to improve and coordinate consumer education at the local, state and Federal levels; and cooperates with states and local government agencies, and voluntary consumer and community organizations in the delivery of consumer services and information materials.

The major activities focus on voluntary mechanisms, marketplace innovations, consumer education and information, and conferences to exchange information and develop dialogs. OCA activities also focus on helping State and local government units and consumer and community groups to deal with issues affecting consumers.

Highlighted below are major activities having the greatest impact on older Americans.

OUTREACH

On October 6, the OCA Director participated in the press conference which announced the Link Up America Program. Sponsored by the Federal Communications Commission, Link Up America is a new telephone service assistance program directed to low income households currently without telephones. This program especially benefits older citizens because many of them cannot afford to pay the connection and installation charges which are required to obtain access to the telephone network. The OCA Director urged the establishment of local coalitions in every State to support the program and also encouraged the telephone company executives to support the program.

OCA released a Video News Feature highlighting the consumer information provided in our *Consumer's Resource Handbook.* The video news releases were offered to 1,000 television stations throughout the country. Offered free of charge, the approximately 120 second feature discusses consumer issues, including travel fraud, mail order shopping, credit card fraud, and airline travel.

MEETINGS AND CONFERENCES

The OCA Director and staff met with representatives of aging constituency organizations to underscore the Administration's concern for the elderly and seek their support and views on policies which impact on the elderly.

The OCA Director was a speaker at the Senior Health Care: 1990 Press Conference which was held January 28-13 in San Diego, CA. Conference participants included editors and publishers of newspapers and magazines that address the needs, concerns and interests of older Americans. Since the conference, OCA has provided the editors and publishers with copies of our newsletter, new releases and publications, including *Planning for Your Future* and *Special Report and Hypothermia and Heat Stress.*

OCA, in cooperation with the Direct Marketing Association, held Consumer Industry Dialogues in Los Angeles on April 7 and in Dallas on October 5. The purpose of the sessions was to discuss the problems of purchasing goods and services through the mail. Participants included representatives of the catalog, list selling, sweepstakes, telemarketing and TV marketing divisions of the mail order industry. Also attending were postal inspectors; officials of Federal, state and local consumer protection offices; and representatives of Better Business Bureaus. Older individuals, who are ill or have limited mobility, are particularly receptive to direct marketing solicitation. The sessions focused primarily on the problems of the elderly since they are most often the victims of fraud. The sessions also addressed the issue of how to advertise to the older market.

OCA's associate Director for Special Concerns provided consumer information and distributed materials to the participants at the June 16-18 National Low Income Energy Conference and Symposium. The conference was held in Baltimore, MD.

OCA's Associate Director for Special Concerns was a speaker at the July 16-18 National Caucus and Center on Black Aged Conference which was held in Boston, MA. Copies of our *Consumer's Resource Handbook* were distributed to the attendees.

The OCA Director was the keynote speaker at the August 10-11 National Leadership Training Seminar sponsored by the Council of Better Business Bureaus. The session was designed to educate CBBB employees about the aging network and issues of interest to our older citizens. OCA's Director of Consumer Liaison was a member of the Conference Advisory Committee.

OCA's Associate Director for Special Concerns participated in and distributed OCA publications to the participants at the September 8-11 National Association of Community Action Agencies Annual Conference in San Francisco, CA. The community action agencies provide services for low income and elderly citizens.

The OCA Director was interviewed by the newly established Maturity News Service, a press agency dedicated to providing newspapers with articles focused on readers over the age of 50. MNS stories are marketed via the New York Times Syndication Sales Corp. to approximately 40 papers nationwide, including the Chicago Tribune, the Los Angeles Daily News and the Philadelphia Inquirer. She addressed the issue of how seniors can avoid fraud in the marketplace.

OCA's *Consumer's Resource Handbook* was included in the packets for the elected officials, community and civic leaders who attended the September 23-26 Congressional Black Caucus Legislative Meeting. The information provided in the *Handbook* will be especially useful for the minority elderly, their families and service providers.

On October 19, the OCA Director moderated a local panel discussion focusing on community resources for frail and homebound citizens in the Washington, DC area.

As a result of OCA's efforts to address the problem of fraudulent advertising appearing in the media, the American Newspaper Publishers Association's (ANPA) Credit Bureau will host a Fraud Advertising Seminar on January 14, 1988, at the Hyatt Regency Hotel in Washington. The seminar is designed to teach advertising personnel the skills they need to more easily recognize fraudulent advertising. Since fraud against the elderly is a serious problem, OCA organized a series of meetings with ANPA to address the problems of media acceptance and printing of fraudulent newspaper advertisement. OCA also organized a working group to address the issue which included representatives of the Federal Trade Commission, Commodity Futures Trading Commission, Better Business Bureau, National Association of Consumer Agency Administrators and National Association of Attorneys General.

CONSTITUENT RESOURCE EXPOSITION

OCA sponsored a Constituent Resource Exposition (EXPO) on April 3 to improve communication and understanding between Federal officials and Congressional staff in order to help expedite accurate replies to inquiries and marketplace complaints received by Congressional offices. Over 1,000 Congressional staff officers and experts from 38 Federal departments and independent agencies participated in EXPO which was held at the Cannon House Office Building. To further assist Congressional staff, OCA distributed a *Congressional Liaison Handbook* which lists the names, addresses and telephone numbers of Federal liaison officials within each of the agencies. Many of the inquiries and letters of complaints that Congressional offices receive come from elderly citizens.

CONSUMER ISSUES

Retiree Benefits

OCA supported S. 548, the "Retiree Benefits Security Act of 1987," which prohibits the unilateral termination or modification of retiree health and life insurance benefits when a former employer petitions for bankruptcy. The bill provided a mechanism to allow retirees to be heard and dealt with equitably during bankruptcy proceedings. The Senate passed an amended version of the bill, which is now being called the "Retiree Benefit Protection Act."

Banking and Credit

OCA's position in support of mandatory disclosure of information on credit and charge card interest rates and other fees as required by H.R. 515, the "Full Credit Card Cost Disclosure Act," was adopted by the Administration. OCA maintained that mandatory disclosure would allow consumers to choose among competing credit providers, thereby driving down interest rates. OCA strongly opposed language in the bill imposing a credit card interest rate cap because we believe that a competitive environment, free from governmental interference, would best serve consumers.

Postal Service

OCA supported the U.S. Postal Service's change in Collect-on-Delivery (COD) service regulations which allow the recipient of a COD package to pay for it either in cash or by a check made payable to the mailer. Previously, regulations required the recipient of a COD package to pay for it in cash or by a check made out to the Postal Service, which then delivered a postal money order to the mailer. The previous rules offered the COD recipient virtually no recourse if the parcel contained defective merchandise. Now, the COD recipient can stop payment of his or her check should the merchandise turn out to be defective or misrepresented.

Antitrust

OCA opposed S. 567, the "Malt Beverage Interbrand Competition Act," a bill granting antitrust immunity to agreements between brewers and distributors that establish exclusive distribution territories. OCA concluded that special antitrust immunity for beer wholesalers would not result in any corresponding improvement in product or service and could lead to higher prices for consumers.

Complaint Handling

The OCA Director announced the publication of *Increasing Customer Satisfaction* during National Consumers Week at the opening of the Chevrolet Customer Assistance Center in Troy, MI. It was printed for OCA by Chevrolet Motor Division, General Motors Corp. Most of the material in *Increasing Customer Satisfaction* is drawn from our two major national studies of complaint handling, the landmark *Consumer Complaint Handling In America,* carried out between 1974 and 1979, and the *Update* of the original study which was released in 1986. The studies show that consumer complaint behavior and business responses to complaints have an enormous impact on customer retention and profits. Improvements in complaint handling processes and efforts to correct root causes of marketplace problems are especially important and helpful to elderly consumers.

OCA sponsored a Complaint Handling Techniques Workshop on May 12-13 which brought together 75 Federal agency officials who are responsible for carrying out the complaint handling functions in their agencies. The workshop was conducted by Technical Assistance Research Programs (TARP), the contractor who did our landmark study *Consumer Complaint Handling In America* as well as the *Update Study.* the workshop focused on ways to improve the deficiencies and inefficiencies in Federal agencies which were identified in the *Update Study.*

OCA is working with the Society of Consumer Affairs Professionals in Business in sponsoring seminars targeted to business executives. These seminars would use the *Update's* findings and recommendations to demonstrate the benefits and advantages of a proactive cost-effective complaint handling system. OCA held its first Briefing for Business Executives on June 23 at the University of Pennsylvania on the benefits to both businesses and their customers of truly effective customer service systems. A follow-up seminar was held on November 18-19 which examined innovative approaches to effective customer service and complaint handling. Additional seminars are being planned for 1988.

INFORMATION AND EDUCATION

Consumer News, OCA's monthly newsletter, carries articles of general interest to consumers. The following articles were of special interest to elderly consumers.

> January.—Announced that the National Council on Aging asked the Commerce Department to assist in developing a program involving the application of new technology in improving the quality of life for the older population. *Consumer News* also announced the "Tax Counseling for the Elderly Program," which provides free, convenient tax assistance to older Americans. It also announced that the Federal Trade Commission had settled a lawsuit against a financial service organization for credit discrimination against the elderly.
>
> February.—Summarized Virginia H. Knauer's remarks at the Senior Health Care 1990 Press Conference in which she stressed that issues affecting the elderly are among OCA's highest priorities. *Consumer News* also reported on the danger that winter cold poses for the elderly in the form of accidental hypothermia, a drop in deep core body temperature that can be deadly if it is not detected promptly and treated properly.
>
> March.—Announced the Department of Transportation's decision to take action to reduce flight delays.
>
> April.—Announced the release of an OCA booklet entitled, "Special Report on Hypothermia and Heat Stress," which offers basic information on how to identify and prevent these life-threatening conditions.

May.—Announced the availability of a free Food and Drug Administration booklet entitled, *Do-It-Yourself Medical Testing.* It discusses the types of medical testing kits available and their effectiveness.

June.—Reported that scientists at the Food and Drug Administration estimate that about one-third of all diarrhea episodes in the United States are of foodborne origin. Diarrhea can bring death to certain vulnerable groups, including the very old.

July.—Announced the release of *Choosing A Professional Remodeling Contractor,* a booklet cosponsored by OCA which provides advice to consumers on selecting a reputable and qualified home improvement contractor, writing a clear contract, and resolving disputes.

August.—Alerted consumers who charge vacation travel certificates by telephone about telemarketing fraud and listed the credit card hotline numbers for MasterCard and VISA.

September.—Announced that President Reagan signed the Medicare and Medicaid Patient and Program Protection Act which better protects Medicare and Medicaid recipients from unfit or incompetent health care providers.

October.—Announced the availability of the Department of Health and Human Services' brochure on *Diet, Nutrition and Cancer Prevention: The Good News.* It gives tips on selecting healthier foods and contains a listing of foods which are high in fiber and low in fat. *Consumer News* also announced the publication of *Investment Swindles: How They Work and How to Avoid Them.* Sponsored by the National Futures Association and the Commodity Futures Trading Commission, the brochure contains tips on how to avoid investment fraud and gives examples of some of the most common swindles.

November.—Announced the Food and Drug Administration's proposal to revise patient package inserts in estrogen drug products in order to better reflect current information about the benefits and risks of estrogen drug use. The proposal rule would update the technical information in the patient package insert concerning the benefits and risks of estrogen drug use and simplify the content and format of the insert to make the document more readable and understandable. *Consumer News* also announced that all members of the National Funeral Directors Association must participate in ThanaCAP third-party dispute resolution system as a result of a resolution recently adopted by the NFDA House of Delegates. ThanaCAP was designed to resolve marketplace problems between consumers and funeral directors. The NFDA resolution commits members in advance to the ThanaCAP process and assesses each member $25, which will go into a fund to implement ThanaCAP panel decisions. The OCA Director has urged the passage of this resolution in a letter sent to NFDA President Glen McMillan.

December.—Discussed the recent Center Disease Control study which found that contact lens wearers using a homemade saline solution may be at higher rise for a rare but serious eye infection caused by the parasitic microorganism Acanthamoeba. A potential source of this contamination is non-sterile distilled water commonly used to dissolve salt tablets. The Food and Drug Administration has told the makers of salt and enzyme tablets for contact lens care that their labeling should warn against using the tablets with non-sterile water, whether distilled or not, unless such use is followed immediately by heat disinfection. FDA has warned lens wearers, however, that if non-sterile salt solution is used after heat disinfection, it could re-contaminate the lenses.

Publications

OCA updated and published the *Consumer's Resources Handbook* which contains a section on aging and refers to other sections in the *Handbook* of interest to the elderly such as health care, Social Security, and veterans affairs. The State and local directory section lists government offices responsible for coordinating services for the elderly. The *Handbook* also provides consumer information on a number of issues of interest to older consumers, including health fraud, telephone solicitations, warranties, contracts, mail order and vacation cerfiticates. In additional to the listing of Federal TDD numbers, the *Handbook* also includes TDD numbers of State and local governments, and corporate listings. The *Handbook* is being distributed to aging organizations and State and area agencies on aging.

OCA published a *Special Report on Hypothermia and Heat Stress.* The report is an update of the OCA Director's *Special Report on Hypothermia* and *Special Report on Heat Stress* which were published separately in 1982. The new report offers useful information on how to identify the causes and symptoms of these weather-related conditions that often threaten the lives of the elderly.

OCA cooperated with public and private sector organizations in developing publications which were released during National Consumers Week. Many of the publications are of special interest to the elderly. They include: *Telemarketing Fraud,* published by Southwestern Bell; The *Investors Bill of Rights,* published by the National Futures Association; and *Planning for the Future: Your Social Security Benefits,* published by the American Institute of Certified Public Accountants and the Social Security Administration.

OCA cooperated with the Council of Better Business Bureaus, National Association of Consumer Agency Administrators and the Remodelors Council of the National Association of Home Builders in developing *Choosing A Professional Remodeling Contractor.* Because home improvement contracting is an area in which the elderly are particularly vulnerable, OCA organized a working group to address the issue. The resulting brochure discusses contracts, working with the contractor, complying with the law, financing the project and redress mechanisms.

Education

OCA is cooperating with the American Association of Community and Junior Colleges in its review and analysis of community-based programs that address the marketplace concerns of adult consumers. The 1,300 community and junior colleges offer an affordable opportunity for older citizens to take courses of interest. The colleges are also an excellent resources for aging and community organizations.

OCA has developed *A Suggested Teacher's Guide to the Consumer's Resource Handbook.* The *Guide* and *Handbook* will be mailed to State and County Cooperative Extentions Offices for use in adult education classes.

National Consumers Week

OCA coordinated National Consumers week which was held April 19-25. The President and many Governors and Mayors issued proclamations and community classes, workshops, contests, exhibits and displays were held throughout the country. Of the more than 500 events that were held, many of the activities addressed issues of interest to the elderly. For example, the American Association of Retired Persons sponsored a "There Ought to Be A Law" contest. Members were invited to submit ideas for consumer legislation. The winner was invited to Washington to discuss his ideas with AARP staff. OCA is coordinating 1988's National Consumers Week which is scheduled for April 24-30. The theme is "Consumers Buy Service."

INTERGOVERNMENTAL ACTIVITIES

Committees

OCA was represented on the following committees which have a special impact on the elderly.

> The National Energy and Aging Consortium is a network of 50 government, aging and private sector organizations which have joined together to help the elderly cope with rising energy costs.
>
> The Information and Referral Consortium on Aging is a network of government, aging and private sector organizations which provide information about and develop programs which strengthen information and referral systems throughout the country.

Executive Order

The OCA Director is designated by the President to be the Chairperson of the Consumer Affairs Council, established by Executive Order 12160. Executive Order 12160—the Consumer's Executive Order—is a directive to Federal agencies to insitute consumer programs which are effective and responsive to the needs of consumers. This action is a logical progression from the Consumer Representation Plans of the 17 Executive Branch departments and agencies developed in 1976.

The Order addressed the problems of citizens in achieving adequate participation in government decision making processes. For example, agencies are required to develop information materials to inform consumers about their procedures for participation. Elderly consumers have been identified as a constituent group which should be reached with information. Under the Order, agencies must ensure that groups such as the elderly are being reached.

ITEM 27. PENSION BENEFIT GUARANTY CORPORATION

DECEMBER 15, 1987.

DEAR MR. CHAIRMAN: I am pleased to submit the attached report for your annual compilation of *Developments in Aging*. As you requested, our report reviews the Pension Benefit Guaranty Corporation's activities on behalf of older Americans during Fiscal Year 1987.

The Office of Management and Budget has advised that there is no objection to the transmittal of this report to the Congress from the standpoint of the Administration's program.

Thank you for giving us the opportunity to describe our actions and programs on behalf of the elderly.

Sincerely,

KATHLEEN P. UTGOFF, *Executive Director.*

Attachment.

PENSION BENEFIT GUARANTY CORPORATION

The Pension Benefit Guaranty Corporation (PBGC) is a Federal Government agency created under Title IV of the Employee Retirement Income Security Act of 1974 (ERISA). Nearly 40 million Americans—one out of every three workers—rely upon the PBGC to protect their penions.

The PBGC undertook vigorous action during fiscal year 1987 to prevent unprecedented abuses of the insurance system. At the same time, the agency sought passage of critically important legislative reforms to encourage adequate funding of private pensions and to resolve the PBGC's continuing financial predicament. The agency's efforts heightened public awareness of the problems undermining pension safety and spurred legislative consideration of solutions to the problems of underfunded pension plans and abuse of the PBGC's guarantee.

INSURANCE PROGRAMS

The PBGC administers two insurance programs covering most tax-qualified, private sector defined benefit pension plans. One of these programs guarantees the payment of basic retirement benefits in the event of the termination of an insured single-employer plan; the other program guarantees the payment of basic retirement benefits under an insured multiemployer plan that is insolvent and unable to pay such benefits. The PBGC guarantee is effected through financial assistance to such multiemployer plans.

The PBGC's single-employer pension plan termination insurance program currently covers approximately 31 million participants of about 110,000 defined benefit plans. The PBGC's multiemployer pension plan insolvency insurance program covers approximately 8.3 million participants in about 2,300 plans.

In fiscal year 1987, the PBGC paid approximately 110,000 participants about $300 million in total benefits, and was obligated to pay another 100,000 people (deferred vested participants) when they become eligible for benefit payments in the future. The vast majority of these people were participants in single-employer plans. Some, however, had been participants in multiemployer plans terminated prior to the enactment in 1980 of the multiemployer amendments to ERISA, which instituted the financial assistance program. During the year, the PBGC also became responsible for the benefits of an additional 100,000 LTV Corp. (LTV) workers and retirees whose pensions were later restored to the company, as discussed below.

Since the enactment of ERISA in 1974, the PBGC has received a total of about 81,000 valid notices of single- and multiemployer plan terminations, of which about 8,600 were received in fiscal year 1987. Prior to passage of the Single-Employer Pension Plan Amendments Act of 1986 (SEPPAA) in April 1986, about 98 percent of all terminating plans had sufficient funds to pay all guaranteed benefits. Under SEPPAA, a higher level of funding is required for terminating plans but the vast majority of terminating plans are sufficiently funded at this new level.

During fiscal year 1987, PBGC became trustee of 63 terminated plans. This resulted in a total of about 1,400 plans either in PBGC-trusteeship or pending trusteeship as of the end of the fiscal year. At fiscal year-end the program showed a deficit of nearly $2 billion from the growing size and underfunding of terminated plans.

The PBGC's multiemployer plan insurance program, which is financed separately from the single-employer program, continued to improve its already solvent financial condition, with revenues again exceeding expenses. Under this program, the PBGC provides financial assistance to multiemployer pension plans that lack sufficient funds to pay benefits when due. Insolvent multiemployer plans are obligated by ERISA to undergo a reorganization, which includes reducing benefits and increasing employer contributions, in an attempt to recover a sound financial footing. These plans are required to repay the Corporation for its financial assistance.

As of the end of fiscal year 1987, the PBGC had loaned approximately $6.7 million, after repayments, to six multiemployer plans. Of the total amount, the PBGC loaned $1.6 million during fiscal year 1987 alone. The six plans that received assistance during the fiscal year had nearly 11,000 participants, 8,400 of whom received benefit payments attributable to the PBGC's financial assistance.

The PBGC was successful in a number of precedential court decisions affecting the single-employer and multiemployer programs. During the fiscal year, the PBGC had 139 cases in litigation and more than 400 uncontested cases were pending in bankruptcy courts around the Nation.

SUMMARY OF EVENTS

Fiscal year 1987 was a year of historic challenges and precedents for the PBGC's single-employer insurance program. The vast majority of private pensions plans are well-funded today, but a few large underfunded plans threaten the security of the pension insurance system. Under present law, a company with an underfunded pension plan can continue to make pension promises to its employees, even if it has no intention or hope of ever paying for those promises. The PBGC's guarantee backs up those promises but, unfortunately, that guarantee is sometimes misused.

Concern over underfunded pension plans in general and specific abuse of the pension insurance program, as exemplified by LTV, led to extensive efforts during the year to preserve the insurance program's guarantee of a secure retirement income. By mid-January 1987, the PBGC faced its greatest deficit, nearly $4 billion, and the largest claims in its history with the termination of four massive pension plans of LTV Steel Company, Inc., the Nation's second largest steel manufacturer. Just 6 months earlier, in July 1986, LTV entered bankruptcy reorganization proceedings and, shortly after, the PBGC found it necessary to terminate LTV's Republic Steel salaried employees' plan which had only $7,700 in assets available to pay $2 million in benefits due the following month. LTV ceased contributing to three other underfunded LTV Steel plans in violation of ERISA's pension funding requirements and, in December 1986, informed the PBGC in writing that the company could not and would not contribute further funds to the plans. The PBGC terminated the three plans in January 1987, with LTV's consent.

The four plans, combined, covered over 100,000 LTV workers, of whom nearly 60,000 were already retired, and contained more than $2 billion in unfunded PBGC-guaranteed benefits. Despite the unprecedented size of the plans and loss, which was more than the PBGC's total accumulated losses for the previous 12 years of its history, the PBGC ensured that benefit payments continued without interruption. However, legal limitations on the PBGC's benefit guarantee led to reductions in benefit payments, and hardship, for about 15 percent of the retirees.

The PBGC supported efforts by LTV and the United Steelworkers of America (USWA) to ease the retirees' financial problems. The PBGC attempted to work with LTV, as it has with other companies that have terminated underfunded pension plans, to develop new follow-on arrangements that would relieve the hardships and provide for additional future benefits without violating ERISA. However, the company and union agreed to new "follow-on" pension arrangements that continued essentially the same benefits as the terminated plans. The difference was that, in conjunction with the guaranteed benefits paid by the PBGC, the PBGC would bear much of the financial responsibility for LTV's promises.

The PBGC reviewed the new LTV arrangements carefully and determined that LTV had effectively continued the terminated plans and abused the pension insurance program by using insurance funds to subsidize an ongoing pension program. LTV set an example that, if followed by the other companies, threatens the pension insurance protection for millions of workers and their families. As a result of the agency's assessment, on September 22, 1987, the PBGC used its authority under Section 4047 of ERISA to restore the three pension plans terminated in January 1987 to full active operation by LTV. The PBGC took the action because, in its determination, LTV had demonstrated that, contrary to its earlier statements, it could fund the pensions that it had promised and the company had abused the insurance program. The company's financial circumstances had improved, with a reported profit of more than $250 million for the first 6 months of calendar year 1987, two-thirds of which was attributable to LTV Steel. In addition, LTV had agreed to establish and fund new ongoing pension benefit programs for its employees and obtained bankruptcy court approval of a number of other major expenditures.

By PBGC's action, LTV is again responsible for administering the three plans, and all benefit, vesting, and funding requirements resumed as if the plans had never terminated. The action restores full benefits to about 56,000 current retirees. Nearly 45,000 other participants who will retire in the future are again entitled to receive full payment of their accrued benefits. LTV is contesting the action in court, but the PBGC will stand by its position that companies cannot be allowed to subvert a vital pension protection for millions of Americans to further competitive strategies.

As in the case of LTV, PBGC actions affect thousands of Americans, and especially the elderly, virtually on a daily basis. Another prominent example of such impact occurred during the fiscal year when the PBGC settled a class action lawsuit, pending since 1982, that affects thousands of workers and retirees in plans terminated between January 1, 1976, and December 31, 1981. The specific cases involved in the class action, *Rettig et al.* v. *PBGC* and *Piech et al.* v. *PBGC*, concerned the PBGC's application of a provision of Title IV of ERISA that limits the PBGC's liability for increases in benefits arising from plan amendments. The participants in the two cases had sued the PBGC to obtain full guarantees of benefits resulting from vesting improvements required by ERISA.

Out of an overriding concern for the participants' welfare, the PBGC agreed to pay additional amounts to affected participants based on a formula contained in the agreement. The settlement will require a substantial effort by the PBGC to review benefits for over 44,000 participants in PBGC-trusteed plans, review records of about 32,000 plans not trusteed by the PBGC, and inform affected participants about the settlement.

LEGISLATION

Although Congress enacted a premium increase and restrictions on single-employer plan terminations in 1986, it was evident before the legislation was enacted that the increase and termination reforms would not solve the PBGC's financial problems. The PBGC's deficit continued to climb, and the LTV plan terminations graphically illustrated the continuing problems in plan funding practices that had led to the PBGC's financial crisis. Restoring LTV's plans did not solve the PBGC's problems or erase its deficit.

In fiscal year 1987, the PBGC completed a Congressionally required study of its financial condition. In a report issued in April 1987, the agency concluded that its current flat-rate per-capita premium structure is a major cause of its financial problems. The PBGC believes that continuing increases in the flat-rate premium could threaten the defined benefit pension system. Therefore, the Administration recommended a new variable-rate premium structure, which the PBGC submitted to Congress in proposed legislation in April 1987.

As submitted, the proposed premium would provide the PBGC with adequate revenue to cover future claims as they arise and retire the existing deficit over a reasonable period of time. The new premium structure also would address the problem of plan underfunding. Unlike the flat-rate premium, the new premium would equitably distribute premium responsibility among the plans subject to the PBGC's insurance. Greater premium responsibility would be allocated to the underfunded plans that present the greatest potential for loss to plan participants and the pension insurance program.

The proposed premium structure would also enable the PBGC to continue charging modest premium amounts for most of the plans presently insured by the PBGC. For those plans facing an increased premium, the proposed structure would include a maximum premium to prevent unreasonable burdens. Moreover, the variable-rate feature, under which the premium would increase as the level of plan funding decreases, would provide employers with an incentive to adequately fund their pension plans.

The Administration proposed additional legislation to assure that employers' pension promises are properly funded and the insurance system is protected. Recent experience has shown that companies can allow pension plans to become progressively more underfunded while still making the minimum required funding contributions. The Administration's proposals would, among other things, reform the minimum funding standards for defined benefit pension plans and restrict the availability of funding waivers. The proposals also would improve the PBGC's recovery of losses from companies that terminate underfunded plans.

The need to reform pension funding, to improve the PBGC's premium income, and to address treatment of its claims in bankruptcy proceedings has not changed. At the end of the fiscal year, premium increase and reform proposals were under active consideration by several Congressional committees in the process of budget reconciliation.

CONCLUSION

Reforms in the premium structure and funding rules are essential if the pension insurance program is to continue beyond the turn of the century. While the PBGC has assets to continue payments to current retirees, reforms now nearing completion can make the future secure.

The PBGC was created to protect the pensions of the millions of Americans, both working and retired, who participate in pension plans that promise specific retirement benefit. Promised benefits must be protected, through improved funding and more restrictive termination requirements.

Recent events have demonstrated the flaws in existing pension law that, if not corrected, can overwhelm the pension insurance program and devastate retirees' carefully laid plans for retirement. As shown by the case of LTV, this is a problem not of the future but of the present.

During fiscal year 1987, the PBGC, in both administrative and legislative arenas, initiated actions to keep the pension insurance system secure and encourage the Nation's employers to honor their pension promises.

ITEM 28. POSTAL SERVICE

DECEMBER 14, 1987.

DEAR MR. CHAIRMAN: This is in response to your September 14 letter to Postmaster General Preston R. Tisch, requesting the Postal Service's annual report on activities and programs directed at assisting elderly Americans.

The enclosed narrative outlines activities sponsored by the Postal Service, which are designed to meet the mailing needs of older Americans and to prevent them from being victimized by fraudulent schemes through the use of the mail system.

The Postal Service is pleased to participate in this effort and will continue to work on the development of programs to aid in improving the quality of life for older Americans.

Sincerely,

WILLIAM T. JOHNSTONE.

Enclosure.

PROGRAMS AFFECTING OLDER AMERICANS

CARRIER ALERT PROGRAM

Carrier Alert, which celebrated its fifth anniversary in 1987, provides a lifeline to thousands of elderly citizens who live alone. As a voluntary community service, city and rural carriers monitor participants' mailboxes for mail accumulations that might be a sign of illness or injury. Accumulations of mail are reported by carriers to their supervisors who then notify a sponsoring agency, through locally developed procedures, for follow-up. During the past 5 years, numerous instances have been reported where letter carriers saved lives or rendered assistance to customers participating in the program.

CONSUMER PROTECTION WEEK

The Postal Service has sponsored an annual Consumer Protection Week since 1977. Promotion and publicity kits containing materials for speeches, news releases and public service announcements are prepared and distributed to warn consumers about mail fraud and misrepresentation of products and services sold by mail. Since medical fraud and work-at-home schemes have traditionally ranked at the top of fraudulent promotions, the focus of the materials distributed has frequently been directed toward alerting senior citizens to such schemes. During Consumer Protection Week in fiscal year 1987, postmasters conducted "Consumer Fairs" where postal customers consulted Postal Inspectors and other Postal Service officials about wary offers.

DELIVERY SERVICE POLICY

The Postal Service has a long-standing policy of granting case-by-case exceptions to delivery regulations based upon hardship or special need. This policy is used to accommodate the special needs of elderly, handicapped, or infirm customers who are unable to obtain mail from a receptacle located away from their home. Information on hardship exceptions to delivery regulations can be obtained from the local postmaster.

FEDERAL ACCESSIBILITY STANDARDS

The Postal Service has made all newly constructed facilities accessible to physically handicapped persons since 1969. In the last decade, over 3,300 new postal customer service buildings have been completed providing ready access to handicapped customers. In fiscal year 1987, the Postal Service completed approximately 427 new postal customer service buildings, all accessible to handicapped customers. In April 1986, the Postal Service adopted interim standards for making buildings leased by the Postal Service after January 1, 1977, accessible to physically handicapped persons. We will continue to review and renovate leased postal facilities covered by these standards as appropriate. The Postal Service makes older buildings accessible when there is a demonstrated need.

MAIL FRAUD AND MAIL THEFT INVESTIGATIONS

Since many elderly Americans live alone and are limited to fixed incomes, shopping by mail provides a convenient way for them to obtain products and services. Unfortunately, they are also attractive targets for those few individuals who operate mail-order swindles. Through mail fraud and misrepresentations of products and services, unscrupulous promoters not only cheat the public, but also damage the reputation of the legitimate mail-order industry.

There are several types of fraudulent promotions which, by their nature, tend to focus on the elderly population. One of the most prevalent is the work-at-home scheme. A senior citizen, who is living on a fixed income and seeking the means to supplement his or her income, may be enticed by an advertisement which promises enormous earnings while working from the convenience of the home. The scheme begins with the promoter requiring an initial fee, typically from $5 to $25, before information about the plan will be supplied. The fraud continues as a pyramid operation, whereby the consumer involves others in the scheme, resulting in funds being generated to the promoter and not the respond.

Individuals approaching retirement or those already retired may respond to what appear to be attractive land sales deals. The promise of a warmer climate, low down payment and easy monthly installments appears enticing until the purchaser discovers that the parcel of land is located in a desert wasteland and cannot be resold for even a fraction of the price paid.

Another fraud perpetrated against our elderly customers is the mail-order sale of worthless pills, nostrums and devices which promise to rid the aged of needless suffering. Probably the cruelest of these medical frauds are those which offer hope for the cure of cancer, diabetes, and other major illnesses.

The ailments and afflictions that are a part of aging will leave the buyer looking for a magical cure to alleviate arthritic pain, restore lost vigor and improve impaired sight or hearing. These pills and devices have often not been tested by medical authorities, and are not efficacious and could even be injurious to one's health.

In an effort to heighten public awareness to mail fraud and other postal-related crimes, the Postal Inspection Service maintains a cadre of Postal Inspectors across the country trained as Crime Prevention Specialists. Working with Federal and State agencies and consumer groups, one of their missions is to educate and inform the public. Each year they work with the media, appearing on hundreds of television and radio interview programs and preparing articles for numerous newspapers and magazines. They give presentations at health fairs, community action groups, and several national prevention conferences emphasizing the need for consumer action as well as awareness in fighting crime. They respond to special requests, often from senior citizens, regarding specific problem areas.

Each year the Postal Service issues television and radio spots and magazine public service announcements aimed at mail fraud. The 1987 advertisements emphasized false representation, specifically in work-at-home schemes, medical fraud, and faulty products. These subjects are especially relevant to elderly Americans.

The Postal Inspection Service provided the Federal Trade Commission with extensive information in the area of travel scams. Though the telemarketer goes after anybody and everybody, the elderly are very often victimized. As a result of our interaction with the Federal Trade Commission, several civil actions were brought by the Federal Trade Commission against telemarketing (boiler room) scams.

In 1986 we participated in the National Health Care Anti-Fraud Association Seminar and have worked with this association in combating health care fraud schemes, many of which victimize senior citizens.

The Postal Inspection Service has participated in conventions sponsored by the National Council on Aging. At display booths, the Postal Inspection Service highlights various types of fraud schemes which target the elderly. Representatives of the Postal Inspection Service also participate in workshops which furnish information concerning a variety of fraud schemes.

Despite the existence of such preventive efforts, the number and variety of mail fraud schemes ensure that many people will continue to be victimized by mail fraud promotions. In dealing with this, the Postal Service uses a two-pronged attack. Criminal prosecution is possible under the Mail Fraud Statute, 18 U.S.C. Section 1341, which provides penalties of up to 5 years in prison and a $1,000 fine for those who use or cause the mails to be used to further a frandulent scheme. Second, and perhaps more importantly for the consumer, the Postal Service can take action under the False Representations Statute, 39 U.S.C. Section 3005. This statute permits the Postal Service, following a full due process hearing before an administrative law judge, to return to the sender all mail addressed to a promotion whose advertisements soliciting remittances by mail are proven to contain false representations. In addition, the Postal Service may request the U.S. District Court in the area where the promotion receives its mails to issue a temporary restraining order to stop the delivery of mail to that promotion until the administratrive law judge renders a decision.

During the summer of 1987, the Postal Inspection Service established lines of communication with all State agencies for the aged and State insurance commissioners. Assistance was offered to these agencies in combating fraudulent schemes in which the mails are used to victimize elderly consumers.

In 1987, the Postal Inspection Service testified before Congressional committees considering legislation involving the elderly. Assistance was rendered to the House Committee on Aging in the preparation of information for a mass mailing to alert the elderly to fraudulent schemes involving the use of the mails. Also, a Postal Inspector was detailed to Congressman Claude Pepper's Committee on Long-Term Health Care for several months to assist in preparing for a hearing highlighting various fraud schemes which affect elderly Americans.

A joint presentation was videotaped with Commissioner of Social Security Dorcas R. Hardy, concerning schemes which utilize look-alike envelopes and the solicitation of funds to support the Social Security System. This presentation was to be shown to all employees of the Social Security Administration.

Another crime which strikes the elderly population hard is mail theft. Many poor and elderly Americans depend upon the receipt of a monthly check in the mail as their sole source of income. It is these individuals who suffer the most when their checks do not arrive as scheduled. Each year the Postal Service delivers hundreds of millions of Treasury, State and local benefit checks. Although the number stolen in relation to the number mailed is minute, the Postal Inspection Service still considers this a significant problem and recognizes the impact this crime has on the victim, particularly on elderly persons who are dependent upon the checks for subsistence.

The Postal Service also delivers millions of personal and commercial checks and other valuable items such as savings bonds, money orders, credit cards and food stamps, all of which are appealing targets for mail thieves.

Two slide presentations, entitled *Protecting Your Mail* and *Fraud By Mail,* have been developed and are being shown to the public by Crime Prevention Specialists. A Postal Service booklet, *A Consumer's Guide to Postal Crime Prevention,* has been updated to include new information. It furnishes tips to consumers on how to avoid being victimized by a variety of fraudulent schemes and mail theft. This booklet also includes the addresses of Postal Inspection Service Divisions throughout the country.

A series of investigative programs to combat the problem of mail theft is also in place. Postal Inspectors cooperate with the U.S. Secret Service and local police investigating the forgery of checks believed to have been stolen from the mail and work with officials of check issuing agencies to improve procedures for the prompt charge-back of checks and referral of information whenever theft from the mail is suspected. The Postal Service has encouraged the development of better photo and signature identification cards and has enlisted the assistance of public housing authorities concerning the installation and maintenance of more secure mail receptacles and mailrooms.

STAMPS BY MAIL

Stamps-By-Mail is a useful and popular program among urban and suburban customers, especially for elderly and handicapped individuals. Similar service has been provided for many years to customers on rural and highway contract routes.

Postage stamps and stamped envelopes may be ordered and purchased by all city delivery customers without making a trip to the post office. A customer need only complete Form 3227 (an envelope order form), enclose a personal check for the amount of postage, and either drop it in a collection box or give it to a carrier. No postage is necessary and no fee is charged for this service. The stamps normally are delivered within 3 days to the customer's mailbox. The minimum order is a book of stamps. Forms may be obtained from letter carriers or by calling the local delivery unit and requesting that the form be delivered to the residence.

In fiscal year 1987, we began testing Stamps-By-Phone. Customers order stamps using their MasterCard or VISA credit card. The minimum order for this test service is $11. In addition, we are testing both the use of an 800 telephone number with centralized fulfillment in Kansas City, MO, and the use of local numbers with local fulfillment. We will evaluate results of both tests in April 1988, and decide whether Stamps-By-Phone should be offered to our customers as a nationwide service.

ITEM 29. RAILROAD RETIREMENT BOARD

DECEMBER 9, 1987.

DEAR MR. CHAIRMAN: In response to your letter of September 14, 1987, we are enclosing a report summarizing the U.S. Railroad Retirement Board's program activities for the elderly during fiscal year 1987.

We look forward to your committee's report on "Developments in Aging: 1987."

Sincerely,

BEATRICE EZERSKI, *Secretary to the Board.*

Enclosure.

U.S. RAILROAD RETIREMENT BOARD

The U.S. Railroad Retirement Board is an independent agency in the executive branch of the Federal Government. The Board's primary function is to administer comprehensive retirement-survivor and unemployment-sickness benefit programs for the nation's railroad workers and their families, under the Railroad Retirement and Railroad Unemployment Insurance Acts. The Board also has administrative responsibilities under the Social Security Act for certain benefit payments and railroad workers' Medicare coverage.

Under the Railroad Retirement Act, the Board pays retirement and disability annuities to railroad workers with at least ten years of service. Annuities based on age are payable at age 62, or at age 60 for employees with 30 years' service. Disability annuities are payable before retirement age on the basis of total or occupational disability. Annuities are also payable by the Board to spouses and divorced spouses of retired workers and to widow(er)s, divorced or remarried widow(er)s, children, and parents of deceased railroad workers. Qualified railroad retirement beneficiaries are covered by Medicare in the same way as social security beneficiaries.

Under the Railroad Unemployment Insurance Act, the Board pays unemployment benefits to railroad workers who are unemployed but ready, willing, and able to work and sickness benefits to railroad workers who are unable to work because of illness or injury.

BENEFITS AND BENEFICIARIES

During fiscal year 1987, benefit payments under the railroad retirement and railroad unemployment insurance programs totaled nearly $6.7 billion. Retirement and survivor benefit payments amounted to $6.5 billion, and unemployment and sickness benefit payments totaled $179 million.

The number of beneficiaries on the retirement-survivor rolls on September 30, 1987, totaled 928,000. The majority (82 percent) were age 65 or older. At the end of the fiscal year, 414,000 retired employees were being paid a regular annuity averaging $760 a month. In addition, 200,000 of these employees were being paid a supplemental railroad retirement annuity averaging $47 a month. Some 222,000 spouses and divorced spouses of retired employees were receiving an average annuity of $326 a month at the end of fiscal 1987. Of the 303,000 survivors on the rolls, 266,000 were aged widow(er)s receiving an average annuity of $479 a month. Just over

816,000 individuals who were receiving or were eligible to receive monthly benefits under the Railroad Retirement Act were covered by hospital insurance under the Medicare program at the end of fiscal 1987. Of these, 800,000 (98 percent) were also enrolled for supplemental medical insurance.

Unemployment and sickness benefits under the Railroad Unemployment Insurance Act were paid to 109,000 railroad employees during the fiscal year. However, only about $0.5 million (less than one percent) of the benefits went to individuals age 65 or older.

FINANCIAL CONDITION

At the end of fiscal year 1987, the balance in the Railroad Retirement Account was $6.5 billion. Revenues exceeded expenditures for the fourth consecutive year after more than a decade of negative cash flow. However, the continuing decline in railroad employment has raised questions concerning the financing of the railroad retirement system after the year 2000.

Railroad retirement law requires a report each year, to the Senate and the House of Representatives, on the railroad retirement system's acturial status, and financing recommendations when appropriate. In the 1987 acturial report Congress, the Board's Chief Actuary recommended that a commission be established to study the advisability of instituting a tax on operating revenues to fund a portion of the cost of railroad retirement benefits, and that such a study should solicit the views of railroad labor, railroad management and other interested parties.

Legislative proposals were subsequently included in the pending 1988 omnibus budget reconciliation bill to increase railroad retirement payroll taxes by 2 percent in 1988, with 1.35 percent on the carriers and .65 percent on employees, and to establish a Commission on Railroad Retirement Reform to conduct a comprehensive study of alternative funding methods for securing the long term viability of the railroad retirement system. Under the proposed legislation, the commission's report would be due in the fall of 1989.

LEGISLATION

The Omnibus Budget Reconciliation Act of 1986 enacted October 21, 1986, Public Law 99-509, precluded Gramm/Rudman/Hollings Act sequestrations during the 1987 fiscal year and the railroad retirement and unemployment insurance benefits which had been reduced by sequestration in the 1986 fiscal year were restored to previous levels in October 1986. The 1986 Budget Act exempted vested dual benefits paid by the Board from any sequestration in future years, and exempted tier II railroad retirement annuity cost-of-living increases from future sequestration.

The budget reconciliation law also eliminated the previous requirement that the Consumer Price Index increase by at least three percent before a social security or railroad retirement tier I cost-of-living increase could be provided. Consequently, railroad retirement annuitants, like social security beneficiaries, received cost-of-living increases in January 1987, on the basis of the 1.3 percent rise in the Consumer Price Index during the 12 months preceding October 1986.

Under the Tax Reform Act, Public Law 99-514, signed into law October 22, 1986, income tax provisions covering certain railroad retirement benefits paid by the Board were further revised. The Tax Reform Act eliminated the three year recovery rule for pensions, which was applicable to railroad retirement benefits exceeding social security levels. The three year recovery rule allowed retirees to first recover their previously-taxed contributions before paying Federal income tax on these benefits. Under the revised tax law, awards of railroad retirement benefits exceeding social security equivalent levels are taxable immediately upon retirement, but prorated to allow for previously-taxed contributions on the basis of estimated life expectancies. Railroad retirement benefits equivalent to social security benefits remain taxable on the same basis as social security benefits.

RAILROAD RETIREMENT INFORMATION ACTIVITIES

The Board has direct contact with railroad retirement beneficiaries through its almost 100 field offices throughout the country. Board personnel in these offices explain benefit rights and responsiblilites on an individual basis, assist employees in applying for benefits and answer any questions related to the Board's programs.

The Board also relies on railroad employers and labor groups for assistance in keeping railroad personnel informed about the Board's benefit programs. The Board conducts informational programs for railroad management and labor officials to acquaint them with the details of the benefit program. These officials, in turn, educate railroad workers as to their benefit rights and responsibilities.

During the 1987 fiscal year, the Management Member's Office conducted six seminars, attended by 226 railroad officials. Seminars for railroad executives and managers were initiated by the Management Member of the Board in 1977. At these meetings, Board representatives review the Board's benefit programs, financing, and administration, with special emphasis on those areas which require cooperation between railroads and the Board. These meetings have facilitated cooperation and coordination, and they have helped to keep railroad officials up-to-date on the Board's programs. In addition, the Management Member's Office conduted six pre-retirement counseling seminars and arranged for the Board's field service to conduct an additional 50 seminars, attended by a total of 1,600 railroad employees and their spouses.

Also during the year, 2,063 railroad labor union officials attended 57 informational conferences held in 57 cities throughout the United States. Inaugurated by the Labor Member of the Board in 1957, informational conferences have since become an integral part of the Board's public information program. The understanding of the Board's programs achieved by labor officials at these conferences has, in turn, enabled labor officials to convey program information to their fellow workers in their day-to-day contact on the job. These conferences consequently help assure that railroad workers are kept aware of their benefit rights and responsibilities, while saving substantial information activity costs that would otherwise be incurred by Board offices.

Hotline.—In July 1987, the Railroad Retirement Board Office of Inspector General opened a Hot Line to receive complaints concerning suspected fraud, waste or abuse in the benefit programs administered by the Board. The Hot Line is available to employees of the Board, railroad employees, annuitants, and families served by the Board.

Hot Lines are operated by Inspectors General at other Federal departments and agencies and the U.S. General Accounting Office. The Board Hot Line provides the railroad community an opportunity to assist in protecting the integrity of their railroad retirement and unemployment/sickness trust funds by reporting false claims for benefits such as unemployment and sickness claims filed by persons actually working, or misappropriations of benefit payments by persons responsible for the financial affairs of minors or incompetent beneficiaries.

OFFICIALS

C.J. Chamberlain was sworn in on December 4, 1986, for his third term as Labor Member of the Railroad Retirement Board. Prior to his first appointment to the Board in 1977, Mr. Chamberlain served as President of the Brotherhood of Railroad Signalmen and as Chairman of the Railway Labor Executives' Association. He had also served on the High Speed Ground Transportation Advisory Committee, the Railroad Safety Research Board, and the Railroad Industry Labor-Management Committee.

ITEM 30. SMALL BUSINESS ADMINISTRATION

DECEMBER 17, 1987.

DEAR MR. CHAIRMAN: I am pleased to respond to your request of September 14, 1987, for the Small Business Administration's (SBA) submission to your Committee report, *Developments in Aging.*

The Service Corps of Retired Executives, composed of volunteer retired business executives with self-administered chapters across the United States and its possessions, plays a vital role in the Agency's delivery of technical assistance and counseling services to potential businesspersons and the small business community as a whole. SBA's office of Civil Rights Compliance, through its enforcement of nondiscrimination provisions of the Equal Credit Opportunity Act, Regulation B (12 CFR 202), and the Age Discrimination Act of 1975, protects the interests of older persons with respect to eligibility, treatment, and consideration for services, benefits, and credit from SBA and its recipients.

Thank you for allowing us the opportunity to share this information with you.

Sincerely,

JAMES ABDNOR, *Administrator.*

Enclosure.

INTRODUCTION

The Small Business Administration makes direct loans and guarantees loans made by banks and other financial institutions to small concerns; provides management and technical assistance to firms receiving SBA financial assistance and to other small businesses; licenses and regulates small business investment companies, a source of equity and venture capital assistance for small concerns; and provides procurement assistance to help small concerns in buying from and selling to the Federal Government.

SERVICE CORPS OF RETIRED EXECUTIVES (SCORE)

The Small Business Administration established a volunteer program called the Service Corps of Retired Executives (SCORE) in 1964. This group is composed of volunteer retired business executives, men and women who have had a lifetime of varied business and professional experience with others. SCORE provides a person-to-person business advisory relationship. Through indepth counseling and training, owners and managers receive help in identifying basic management problems, determining their cause, and becoming better managers by finding viable solutions. SCORE services are available to almost all small, independent businesses, not dominant in their field, as well as to persons contemplating entry into a new venture. During fiscal year 1986, SCORE volunteers counseled over 130,000 clients, and assisted in training almost 150,000 others. This free service of the Small Business Administration is vital to the survival of the small business. SCORE volunteers are reimbursed for out-of-pocket expenses. SCORE volunteers are benefitied by the sense of satisfaction which comes when one contributes his or her knowledge to help others.

OFFICE OF CIVIL RIGHTS COMPLIANCE

The Office of Civil Rights Compliance of the SBA has the responsibility to ensure that the Agency, its recipients and subrecipients of financial assistance do not discriminate on the basis of race, color, religion, marital status, sex, age, handicap, or national origin in business, credit policies, or services to the public. Specifically, with respect to older persons, the Office of Civil Rights Compliance monitors and enforces the nondiscrimination provisions of the equal Credit Opportunity Act, Regulation B, which prohibits discrimination on the basis of age in credit, and the Age Discrimination Act of 1975 which prohibits discrimination on the basis of age in the delivery of services to the public.

OFFICE OF ADVOCACY

The Chief Counsel for Advocacy conducts research on the small business sector of the economy and on Federal policies affecting it. He also represents the concerns of the small business sector in regulatory and legislative proceedings. In fiscal year 1987, the Chief Counsel has taken several steps to increase the ability of small firms to offer pension benefits. Generally, while more small business employees are older workers, small firms are less likely to offer pension benefits. Thus, the Chief Counsel has taken several steps to make pension plans more attractive to small employers and to expand the breadth of pension coverage among workers in those firms. One major impediment to expansion of pension benefits in small firms has been the level and complexity of regulatory and paperwork burdens associated with pensions. The Chief Counsel convened in January 1987 conference on top-heavy pension rules and made suggestions for simplification of Form 5500. He has supported legislation to increase pension portability and to increase the tax benefits for small employers offering plans.

ITEM 31. VETERANS' ADMINISTRATION

DECEMBER 18, 1987.

DEAR MR. CHAIRMAN: I am pleased to respond to your request for a report of the Veterans Administration's activities on behalf of older persons for the calendar year 1987.

The VA has developed a high quality system that provides health care for more than 50,000 elderly veterans every day. Meeting the medical needs of older veterans constitutes the current greatest challenge to the VA.

Thank you for allowing us the opportunity to share this information with you.

Sincerely,

THOMAS K. TURNAGE, *Administrator.*

Enclosure.

I. INTRODUCTION

For one large group in the American population, America's veterans, the aging phenomenon or "geriatric imperative," and the changing needs which accompany it, is not a matter for future speculation. The Veterans Administration is dealing with a beneficiary population whose average age is increasing much faster than that of the population in general. In 1980, the proportion of veterans 65 and over was approximately the same as that in the general population. By 1990, it will be double the general population rate, and by 2000, nearly triple that rate.

The VA has the responsibility to meet the health, human services, and income maintenance needs of eligible veterans. It faces a much larger aged component in its population much sooner than does the Nation as a whole.

This fact presents a challenge to the VA—how to distribute its resources to meet the very different needs presented by an older population. Moreover, this challenge carries with it a responsibility—to develop and demonstrate effective approaches to the care of older veterans which can be observed and adopted by society at large as the general population ages.

The VA has been aware for some time of the special opportunity and special responsibility it has as a result of the aging of its client population. Over the past decade, VA researchers and clinicians have been at the forefront of the developing field of gerontology and geriatrics—the study of aging and the care of the aging members of a population, respectively. VA's gerontology research preparing physicians and other health workers to deal with the problems of the aging. Special projects and individual VA medical center initiatives have developed and tested a variety of innovative, medically sound programs for meeting the needs of older persons. These programs have provided care in both institutional and community settings, often in cooperation with non-VA caregivers, educators, and researchers.

The VA's health care system includes acute medical, surgical and psychiatric inpatient and outpatient care; extended hospital, nursing home and domiciliary care; non-institutional extended care; and a range of special programs and professional services for elderly veterans in both inpatient and outpatient settings.

The VA operates the largest health care system in the Nation, encompassing 172 hospitals, 117 nursing home units, 17 domiciliaries, and 226 outpatient clinics. Veterans are also provided contract care in non-VA hospitals and in community nursing homes, with fee-for-service visits to non-VA physicians and dentists for outpatient treatment, and with support for care in 51 State Veterans Homes and 3 annexes in 35 States. As part of a broader VA and non-VA network, affiliation agreements exist between virtually all health care facilities and nearly 1,000 medical, dental, and associated health professional schools, colleges, and university health centers. This affiliation program with academic medical centers results in about 100,000 health profession students receiving education and training at VAMC's each year.

During the past 10 years, there has been increased utilization of VA inpatient hospital care by older veterans reflecting both their greater number as well as their significantly higher hospital utilization rates. The percentage of the veteran population age 65 or older increased from 8 percent in 1977 to 18 percent in 1987. These older veterans use hospital services at a rate 3 to 4 times higher than younger veterans.

An older population experiences a different mix of diseases than does a younger population. Conditions such as coronary and circulatory systems disease, respiratory diseases, neoplasms, organic brain disorders, and musculoskeletal diseases are all more prevalent in those over 65. This group of diseases tends to be chronic, progressive, and degenerative in nature, and the damage these diseases cause is often permanent, requiring rehabilitation and/or long term care. Older individuals often have more than one chronic condition, further complicating their clinical management and increasing the demands they make on their source of care.

In addition to exerting pressure on inpatient hospital care, the aging veteran phenomenon or "geriatric imperative" is also affecting the need for outpatient care. This treatment modality is an integral part of the VA medical center effort to provide care for the aging veteran.

As might be expected, older veterans represent the majority of patients being cared for in VA, community, and State nursing homes. The proportion of patients who were 65 years and older in VA nursing homes in 1987 was 63.3 percent. The average daily census in community nursing homes increased 3 percent.

As in the case with other health care programs in the Nation, the VA is increasing the number and diversity of non-institutional extended care programs. The purpose is to facilitate independent living by making available the appropriate sustaining medical and human services. Such programs include Hospital Based Home Care, Adult Day Health Care, Psychiatric Day Treatment/Mental Hygiene Clinics, and Community Residential Care.

Over the past decade specific activities focused on the health needs of the older veteran have been developed, tested, and demonstrated in a variety of VA clinical settings. The two with the greatest potential for improving the care of older veterans are Geriatric Research, Education and Clinical Centers (GRECC's) and Geriatric Evaluation Units (GEU's).

GERIATRIC RESEARCH, EDUCATION AND CLINICAL CENTERS

The VA's Geriatric Research, Education and Clinical Centers (GRECC's) have since 1975, provided a focus for development of innovative approaches to meeting the health needs of older veterans, have provided for integration of such approaches into practice in the system, and have provided training opportunities for all types of personnel involved in the care of older people. Ten GRECC's are currently in the VA system.

GERIATRIC EVALUATION UNITS

VA medical centers have also developed Geriatric Evaluation Units (GEU's) to provide comprehensive diagnosis, treatment, and discharge planning for elderly patients with multiple medical problems discovered during treatment in a hospital. There are currently more than 70 such programs in the VA system.

Coordination with the aging network under the Older Americans Act in the delivery of community-based care has been recognized by the VA as an important component in providing needed long term medical and social services required by elderly veterans. The VA has, since its inception, been involved in the Administration on Aging's Consortium on Information and Referral Services for Older People. The Agency, along with 13 other Federal and national nonprofit agencies has entered into a Working Agreement with AoA to enhance those systems which provide information and referral services.

II. Geriatrics and Extended Care Programs

VA NURSING HOME CARE

The VA Nursing Home Care Units located in VA medical centers provide skilled nursing care and related medical services, as well as opportunities for social, diversional, recreational, and spiritual activities. Nursing home patients typically require a prolonged period of nursing home care and supervision, and rehabilitation services to attain and/or maintain optimal functioning.

In fiscal year 1987, 25,790 veterans were treated in VA nursing homes which had an average daily census of 10,945. Additional new nursing home care unit beds were activated at Miami, FL; Alexandria, LA; and St. Louis, MO. These and other changes resulted in a net increase of 430 operating beds for a total of 11,873.

COMMUNITY NURSING HOME CARE

This community based program is a contract program for veterans who require skilled or intermediate nursing care when making a transition from a hospital to the community. Veterans who have been hospitalized in a VA facility for treatment, primarily of a service-connected condition, may be placed at VA expense for as long as they need nursing care. Other veterans may be eligible for placement in community facilities at VA expense for a period not to exceed 6 months. Selection of nursing homes for VA contract requires the prior assessment of participating facilities. Follow-up visits to veterans by teams from the VA medical centers are made to monitor patient programs and quality of care.

Fiscal year 1987 saw a moderate increase in community nursing home placements. During this year 42,469 veterans were treated in the program. This represents a little over a 3 percent increase from fiscal year 1986. The number of nursing homes under contract was 3,596 in fiscal year 1987. The average daily census in these homes for fiscal year 1987 was 12,258.

VA DOMICILIARY CARE

Domiciliary care in VA facilities provides necessary medical and other professional care for eligible ambulatory veterans who are disabled by disease, injury, or age and are in need of care but do not require hospitalization or the skilled nursing services of a nursing home.

Offering specialized interdisciplinary treatment programs designed to facilitate the rehabilitation of patients suffering from head trauma, stroke, mental illness, chronic alcoholism, heart disease and a wide range of other disabling conditions, the domiciliary with increasing frequency, is viewed as the treatment setting of choice for many older veterans.

Implementation of rehabilitation-oriented program directions has created a better quality of care and life for veterans requiring prolonged domiciliary care and has prepared increasing numbers of veterans for return to independent or semi-independent community living.

Special attention is being given to older veterans in domiciliaries with a fucus on keeping them active and productive in the domiciliary as well as encouraging their utilization of senior centers and other resources in the community where the domiciliary is located. Patients at several domiciliaries are involved in senior center activities in the community as part of a focus on community integration. Other specialized programs in which older veterans are involved include Foster Grandparents, Handymen Assistance to senior citizens in the community, and Adopt-Vet.

In fiscal year 1987, 14,134 veterans were treated in VA domiciliaries which had an average daily census of 5,837.

STATE HOME PROGRAM

The State Home Program has grown from 11 homes in 11 States in 1888 to 51 State homes (one of which has three annexes) in 35 States. Currently a total of 18,431 beds are authorized to provide hospital. nursing home, and domiciliary care.

The VA's relationship to State Veterans' Homes is based upon two grant programs. One is a per diem program which enables the VA to assist the States in providing care to veterans eligible for VA care who are furnished domiciliary, nursing home, or hospital care in State home facilities. The other grant program provides VA assistance with up to 65 percent Federal funding in the construction or acquisition of new domiciliary and nursing home care facilities, and the expansion, remodeling, or alteration of existing facilities.

In fiscal year 1987, the Administrator recognized a new State home at Paramus, NJ, and has approved for recognition a new State home at Rifle, CO (which will increase the number of State homes to 52). Construction was started on a 350-bed nursing home at Stony Brook on Long Island, NY, and a 150 bed nursing home addition at Milledgeville, GA. The $34.6 million obligated by the VA in fiscal year 1987 for construction and renovation projects also included a new State home in Mississippi to provide 150 beds for nursing home care, major domiciliary and nursing home renovations at the California Veterans Home in Yountville, CA, and life safety renovations at State homes in Illinois and Massachusetts.

PALLIATIVE CARE

The VA has developed programs which furnish palliative care, supportive counseling, and other medical services to terminally ill veterans, and supportive counseling to their families in various service settings. The hospice concept of care is generally incorporated in VA medical centers' approaches to the care of the terminally ill.

HOSPITAL BASED HOME CARE

The program provides primary medical care to veterans with chronic illnesses in their own homes. The family provides the necessary personal care under the coordinated supervision of a hospital based interdisciplinary treatment team. The team provides the medical, nursing, social, rehabilitation, and dietetic regimens, as well as the training of family members and the patient.

Seventy-eight VA medical centers are providing hospital based home care services. More acute beds in hospitals are made available by providing increased days of care in the home.

In fiscal year 1987, 259,000 home visits were made by health professionals. Over 13,363 patients were treated.

ADULT DAY HEALTH CARE

Adult Day Health Care (ADHC) is a therapeutically oriented ambulatory day program which provides health maintenance, and rehabilitation services to veterans in a congregate setting during daytime hours. ADHC in the VA is a medical model of services, designed as a substitute for nursing home care, as established by Public Law 98-160. The VA continues to operate nine ADHC centers and added six new centers in fiscal year 1987 at VA medical centers in Albany, NY; Dayton, OH; Milwaukee, WI; San Antonio, TX and at the Va Outpatient Clinic in Boston, MA. The VA also initiated a program of contracting for ADHC services. Sixteen VA medical centers have been granted contracting authority for ADHC. They are Chicago (West Side), IL; Dallas, TX; Hines, IL; Kansas City, MO; Manchester, NH; Martinez, CA; Minneapolis, MN; New Orleans, LA; New York, NY; Phoenix, AZ; Prescott, AZ; Reno, NV; San Diego, CA; San Francisco, CA; Tucson, AZ; and West Los Angeles, CA.

COMMUNITY RESIDENTIAL CARE PROGRAM

The residential care home program provides residential care, including room, board, personal care, and general health care supervision to veterans who do not require hospital or nursing home care but who, because of health conditions, are not able to resume independent living and have no suitable family resources to provide the needed care. All homes are inspected by a VA multidisciplinary team prior to incorporation into the program and annually thereafter. Care is provided in private homes selected by the VA, at the veteran's own expense. Veterans receive monthly follow-up visits from VA health care professionals. In fiscal year 1987 an average daily census of 11,400 veterans was maintained in this program utilizing approximately 2,900 homes.

GERIATRIC EVALUATION UNITS

A Geriatric Evaluation Unit (GEU) is usually a group of beds (ranging typically in number from 4 to 20) set aside on Medical Service or an Intermediate Care ward of the hospital where an interdisciplinary health care team performs comprehensive geriatric assessments to improve the diagnosis, treatment, and placement of older patients who may have some remediable impairments, multiple chronic diseases, or psychosocial problems which need to be fully assessed. In addition to improving care for older patients and preventing their unnecessary institutionalization, a GEU provides geriatric training and research opportunities for physicians and other health care professionals in the medical center.

Results from a controlled randomized study of GEU efficacy conducted at the VA Medical Center, Sepulveda, CA, show significant benefits associated with admission to the GEU, such as improved survival and rehospitalization rates, functional status, and living location.

Currently there are more than 70 Geriatric Evaluation Units in the VA medical system. The agency report, "Caring for the Older Veteran," sets a goal of establishing GEU's in 70 percent of the VA medical centers by 1990 and in every VA medical center by the year 2000.

ALZHEIMER'S DISEASE AND RELATED DISORDERS

The VA's program for veterans with Alzheimer's disease and related disorders is decentralized throughout the medical care system with coordination and direction from the Office of Geriatrics and Extended Care. Veterans with these diagnoses participate in all aspects of the health care system such as outpatient programs, acute care programs and extended care programs. Some medical centers have established specialized programs for the treatment of these veterans. In order to advance knowledge about the care for veterans with dementia, the VA conducts basic biomedical, applied clinical and health systems research through the Medical Research Service and the Geriatrics Research, Education and Clinical Centers (GRECC's). Continuing education for staff is provided through training classes sponsored by Regional Medical Education Centers, GRECC's and Cooperative Health Manpower Education Programs.

GERIATRIC RESEARCH, EDUCATION AND CLINICAL CENTERS (GRECC'S)

The Geriatric Research, Education and Clinical Centers (GRECC's) play an important role in further developing the capability of the VA system to provide maximally effective and appropriate care to older veterans. First implemented in 1975, GRECC's are designed to enhance the system's capability in geriatrics by conducting integrated research, education and clinical care. The purpose of the GRECC's is to develop new knowledge regarding aging and geriatrics, to disseminate that knowledge through education and training to health care professionals and students, and to develop and evaluate alternative models of geriatric care.

Each center has developed an integrated program of basic and applied research, education, training, and clinical care in selected areas of geriatrics. Current focal areas include cardiology, cognitive and motor dysfunction, endocrinology, geropharmacology, immunology metabolism, and molecular biology of aging. Additional foci include oncology, neurobiology, neuroendocrinology, nutrition, and rheumatology.

At present there are 10 centers located in VA medical centers at Bedford/Brockton, West Roxbury, MA; Durham, NC; Gainesville, FL; Little Rock, AR; Minneapolis, MN; Palo Alto, CA; St. Louis, MO; Seattle/American Lake, WA; Sepulveda, CA; and West Los Angeles (Wadsworth), CA. Public Law 96-166, "Veterans Administration Health Care Amendments of 1985", increased from 15 to 20 the maximum number of facilities that the VA Administrator may designate. Thus, 15 additional centers are authorized for activation over the next several years if resources are available. Using an integrated approach, the GRECC's are developing practitioners, educators, and researchers to help meet the need for training health care professionals in the field of geriatrics.

III. MEDICAL SERVICE

Medical Service physicians continue to serve as the primary care physicians for elderly patients in acute and intermediate medical wards, as well as in nursing homes and in ambulatory care settings. They also provide necessary subspecialty care in inpatient and outpatient settings in addition to participating in Geriatric Fellowship Training, GRECC's, Geriatric Evaluation Units (GEU's), Hospice, Respite, Hospital Based Home Care, Senior Clinicians Programs. The specialized care required by the elderly has been recognized by Medical Services at 20 VA medical centers, which have designated Chiefs of Geriatric Medicine Sections emphasizing clinical care, as well as coordinating research and education efforts related to Geriatrics. Physicians from 122 Medical Services reported that they were involved in research in aging in fiscal year 1987.

Medical Service staff in Central Office have been active in implementing preventive strategies for the elderly including influenza and pneumoccocal immunizations and physical fitness programs, targeted to the frail elderly and the physically handicapped of all ages. Special interest and involvement of Medical Service in geriatrics has resulted in continued encouragement of GEU's internist participation in Adult Day Health Care, and in exploring nutritional problems and treatment of hypertension in the elderly.

A Medical Service Intermediate Care Advisory Group has been created to deal with issues related to the care of the elderly in long-term care facilities. It has been proposed to establish active Intermediate Care Units to evaluate and treat patients with conditions for which there is potential for modification.

IV. MENTAL HEALTH AND BEHAVIORAL SCIENCES

Mental Health and Behavioral Sciences Services is engaged in an active effort to develop clinical programs necessary to meet the needs of the aging veteran population with behavioral disorders. Of the million discharges effected by VA medical centers in the country during fiscal year 1987, 65,351 were due to veterans 65 years or older, who suffered from a psychiatric disorder. This population poses particular clinical problems, which seem to increase with age. While the younger geriatric patient (65 to 74 years of age) presents similar mortality rates whether they have a psychiatric disorder or not, among older patients, the presence of a behavioral disorder heralds a significant increase in risk of death. Consequently, this group of patients requires more intensive care, and more extensive hospitalization.

Most of the geriatric patients discharged during fiscal year 1987 came to the hospitals from other VA clinical programs such as outpatient clinics, nursing homes, domiciliaries. However, for those veterans who suffer from simultaneous medical and psychiatric problems, admissions originate from community nursing homes approximately twice as often than for those patients without a complex clinical picture.

In general, geriatric patients who receive care in our medical centers are discharged to VA sponsored programs after hospitalization. With increasing age, veterans' use of VA programs rises from 6 percent among the younger geriatric patients to 11.3 percent among the very old veterans. Community programs are utilized for

4.5 percent of the younger geriatric veterans, while 13.5 percent of the very old veterans are transferred to non-VA settings.

Because of the special vulnerabilities created by simultaneous medical and psychiatric disorders, when an elderly veteran develops a psychiatric problem, the need for post-hospitalization care programs is very acute. The VA sponsors programs which take care of 10.8 percent of the younger geropsyciatric patients, while another 11.3 percent must be transferred to outside programs. Among the very old this difference is quite marked: 15.7 percent of these patients are discharged to VA programs, with an additional need for 25.4 percent of them to utilize non-VA settings.

Outpatient care provided during fiscal year 1987 followed a different pattern. During fiscal year 1987, veterans visited outpatient clinics producing a total of approximately 18½ million visits. Of these, about 5.8 million were due to patients aged 65 years and over. Among the geriatric group, 5.2 percent visited psychiatric clinics, with an additional 3.8 percent visiting psychiatric and medical clinics simultaneously. These proportions are significantly below the figures observed for veterans younger than 65 years old (18.3 percent psychiatric alone, plus 10.2 percent psychiatric and medical).

The combination of our inpatient and outpatient data seems to suggest that our geriatric patients with behavioral disorders are clinically fragile, and present high mortality rates, as well as an inability to tolerate simple outpatient care. The older the veterans become, the more they need a variety of inpatient and residential care alternatives.

The VA continues to recognize the urgent need to create the clinical programs needed by the geriatric patient with behavioral problems, especially among the very old veteran (older than 85 year of age). The Mental Health and Behavioral Sciences Service is working in cooperation with Medical Service and the Office of Geriatrics and Extended Care in the creation of several new programs. Examples of such projects include the creation and development of psychiatric programs for nursing home patients, patients with a combination of medical and psychiatric diseases, and patients requiring very long term hospitalization. In addition, the GRECC's have continued to develop research activities in the area of behavioral disabilities among the elderly.

Mental Health and Behavioral Sciences Service is reviewing the patterns of care provided to the elderly veteran, and will continue to encourage the development and expansion of the programs which respond to the population's needs.

V. Social Work Service

Service priorities of discharge planning, case management and community services coordination and development continue to address the special needs of frail elderly veterans who are at significant risk for premature or unnecessary institutional care or extended hospital stays beyond clinical need. A protocol has been developed at all VA Medical Centers (VAMC's) to identify those most in need of discharge planning services at the point of admission to medical care and to promote treatment and discharge planning consistent with patient care needs and in consultation with the network of health care resources and services needed to sustain the veteran at the most appropriate level of care in the community. Where required, case management services are provided or accessed for veterans who are incapable of managing their health care regimen. The veteran's family/significant others are recognized as key participants in the discharge planning process and are involved as early as possible in those decisions affecting health care outcomes.

Through our network of community services coordinators who functions as the focal point of contact between the VA health care system and the community health and social services network, Social Work Service provides access to the broad range of alternatives to institutional care required to meet the diverse and complex needs of a rapidly growing population of older veterans who require support from the caring network which includes area agencies on aging and state units on aging as well as the larger network of health and social services. All VAMC's report linkage with the Aging Network and a majority report joint training and/or service delivery/resource development activities targeted at meeting the needs of impaired elderly.

Plans are underway with the Administration on Aging and veterans service organizations to promote improved communication and coordination of services for older veterans. Funds have been set aside by VA and AoA to support joint initiatives during 1988 to facilitate service integration and better resource utilization for older veterans. There has been ongoing dialogue with the Federal Council on Aging to promote a greater awareness of programs serving older veterans and to encourage communication and information sharing. VA/ACTION initiatives have been undertaken at several VAMC's to promote non-institutional alternatives through the use of Senior Companion Program volunteers to provide services to older veterans in their own homes. Social Work Service has participated in the development of a transportation network under the auspices of Disabled American Veterans which provides or accesses transportation services for veterans coming to or returning from the hospital. Lifeline programs have been established at a growing number of medical centers through the purchase or lease of equipment and often in partnership with a consortium of community agencies.

Services to former POW's, a majority of whom are elderly, have been strengthened through the development of special clinical teams at each VAMC. Social Work coordinators insure that former POW's receive priority attention and are provided access to appropriate VA and community services requried to address their special needs.

Our work with homeless veterans, of which a significant number are elderly constitutes a growing major area of involvement. A Social Work "homeless coordinator" has been appointed at all VAMC's whose responsibilities include interfacing with public, private and volunteer programs as well as local and state agencies in addressing the multifaceted problems of homelessness. Medical Center Social Work Staff continue regularly scheduled visits to local shelters, soup kitchens and other areas frequented by the homeless, to identify eligible veterans, provide assistance in obtaining benefits, personal services and referrals to meet their comprehensive health care needs.

Identification of veterans who are considered "at risk" of unnecessary institutional care and/or loss of health care gains is being assisted by Social Work Service developed computer software. Testing of an updated version of this software is almost complete and, when operational, will better facilitate multidisciplinary treatment, discharge planning and the provision of case management services as appropriate. Other Social Work Service software supported by the Decentralized Hospital Computer Program (DHCP) include a contract nursing home and budget management system, an automated community resource file and a case management patient teaching system.

VI. REHABILITATION RESEARCH AND DEVELOPMENT

The mission of the Rehabilitation Research and Development (R&D) Service is to "support research for improving the quality of life of impaired, disabled and handicapped veterans, including our aging veterans." This is accomplished by conducting a program of research, development and evaluation of new and unique devices, techniques and concepts of rehabiltiation that will allow more functional independence in the activities of daily living of physicially disabled and infirmed veterans.

The Rehabilitation R&D Service has established a significant interest area in the field of aging. The Rehabilitation R&D Service will actively promote this effort through the following:

Stimulate new R&D in 172 VA Medical Centers to meet the needs of disabled aging veterans.

Support a Rehabilitation Research and Development Unit whose primary focus is the need of aging veterans.

Evaluate in VA Medical Centers newly developed devices, techniques and concepts on rehabilitation as they pertain to the aged.

Promote commercialization of the products of VA sponsored R&D.

Promote the utililization of rehabilitation R&D technological advances developed by our research and that of other by dissemination of the *Journal of Rehabilitation Research and Development* and articles in others professional journals.

During fiscal year 1987, four workshops on hearing, speech, dementia and schizophrenia were sponsored. In each of 172 VA Medical Centers researchers are being encouraged to respond to the research priorities identified based on these workshops.

In addition to the merit-reviewed research, we support Rehabilitation R&D Centers and Units which do research in aging. One of these centers is located in Palo Alto, CA. In collaboration with Stanford University, this center conducts research in orthopedic, biomechanics, and man-machine integration as it relates to robotics, and analytic modeling of disability and devices. Another center is located in Hines, IL, with research emphasis in orthopedic surgery and visual deficiencies. A newly established unit at Decatur, GA specializes in aging.

One of the unique problems that the elderly experience is that of mobility. Wheelchairs provide mobility for the elderly. In the early 1940's, the wheelchair was revolutionized with the design and manufacture of a portable, lightweight, strong, and maneuverable model. Since then the most important innovation has been the powered chair. Rehabilitation R&D has been supporting several efforts to make wheelchairs more useful to those who need them. We have supported the development of standards for wheelchair manufacture and design and these standards have been submitted to and accepted by the American National Institute of Standards. There are approximately 125 wheelchair manufacturers in the United States today, each making a variety of models.

Three major problems which wheelchair users experience are: (1) Making the wheelchair go when one or both arms of the individual lacks strength or function to operate the wheelchair; (2) making the wheelchair go sideways or kittycornered as well as forward and backward; and, (3) surmounting the barrier of stairs, curbs, and uneven terrain.

The Rehabilitation R&D Center at Palo Alto, CA has developed an Ultrasonic Head controlled wheelchair. In this design, head movements of the patient activate two polaroid ultrasonic distance ranging sensors which generate control signals for the operation of the chair. Another researcher at Palo Alto is working on an Optimal Biomechanical Design for the Development of an Arm Powered Mobility Vehicle. The thrust of this work is the search for the most mechanically efficient method of powering wheelchairs with the upper extremities. Another design out of Palo Alto, now commerically available is the omnidirectional wheelchair which can move in any direction. The most striking innovation in wheelchair design is being carried out at the Hines, Illinois Rehabilitation R&D Center. Using "all-terrain" technology developed by the U.S. Army, Hines has completed the mathematical modeling and simulation prior to designing a wheelchair that does not use a wheel but uses legs to move the chair much the way the legs of a four-legged animal articulates. Stairs and curbs will cease to be a barrier.

A very sophisticated kind of environmental control which has relevance to the needs of older persons is the family of robotic arms—articulated metal arms that can be programmed for some basic function. The robot can be useful for assisting in eating, grooming, reaching for a book, turning a page or summoning an attendant. Some respond to voice commands. The Rehabilitation R&D Service is in the process of commercializing the first generation of robotic arms for use with paraplegics—who are enthusiastic about the degree of independence robotic arms provide. Research is being conducted to establish the man-machine interface for older persons.

Five Federal agencies (the National Institute on Aging, the Administrator on Aging, the Veterans Administration, the National Aeronautics and Space Administration, the National Aeronautics and Space Administration, and the National Institute of Disability Rehabilitation Research) are pooling resources, talent and knowledge to develop a wandering device to assist the elderly in remaining as independent as possible whenever they reside.

During this year the five agencies entered into a contract for the design and development of a device which alerts a caregiver that a wanderer has left a prescribed area and a device which will track that wanderer once he/she leaves that prescribed area. This contract has been let after extensive preliminary work in terms of feasibility studies and solicitation of caregiver concerns.

The Rehabilitation R&D Unit in Decatur, Georgia may well be achieving significant research results in the care of individuals who are demented particularly those with dementia of the Alzheimer's type. Wandering is a serious problem for both care-givers and elderly persons who engage in the behavior.

One of the questions that was posed is whether or not a wanderer's behavior could be changed or modified or redirected. A pilot study being conducted by the Rehabilitation R&D Unit at the Veterans Administration Medical Center, Decatur, nursing home offers some preliminary results which seem to indicate that it is possible to intervene in the behavior of a wanderer using verbal commands.

The Rehabilitation R&D Service is in the process of digitizing hearing aids. One of the problems that hearing aid wearers face is the inability of the clinician to adjust the hearing aid to the specific and unique characteristics of the wearer. One of the pieces of research that Rehabilitation R&D is supporting and is on the brink of commercialization is the digitized hearing aid. The important application is the use of a computer to fine tune the hearing aid to the specific hearing loss frequencies of an individual.

Rehabilitation R&D is putting computers to use in working with aphasics. Significant research is being used to help those who cannot communicate, particularly those who have lost the ability to recognize everyday items and to articulate them.

A specialized language has been constructed based on flash card technology to assist the aphasic in understanding the spoken language and communicating.

A third use of computers is assisting in the therapy of individuals who are aphasic. This is an instance where computers have bridged the gap between the availability of trained manpower and individuals who need therapy. In Birmingham, AL research has been completed which has shown that it is possible for a computer to be programmed to conduct speech therapy by telephone.

VII. Rehabilitation Medicine

Rehabilitation Medicine Service (RMS) continues to encourage the development of programs at the medical center level to meet the growing needs and concerns of the geriatric patient. The primary goals of this Service in providing care to the elderly are to include comprehensive assessment of needs as well as stress the importance of evaluating functional and mental capacity and Activities of Daily Living performance. Through the innovative use of physical agents and therapeutic modalities, the RMS team assists the veteran in the attainment of treatment goals. The utilization of these modalities and exercises, in conjunction with the dietary planning, certain pharmacological agents, and the interdisciplinary treatment team, provides for a more effective delivery of services and higher quality of care.

Additionally, specialized programs continue to be implemented and improved by the Rehabilitation Medicine Service staff in areas of care which include treatment in both inpatient and outpatient settings. Some therapists are involved in research activities supplementing their efforts to develop and implement programs specifically for the older veterans, which include activity and exercise classes, community living skills training programs and relative support groups.

A significant number of RMS therapists have received advanced education and training in gerontology which focuses on new and successful treatment programs for the aging population.

VIII. Nursing Service

Nursing care of the elderly veteran is a vital part of the Nursing Service mission and comprises the largest proportion of health services required by this age group. Recognizing the rapid increase in the number of aged veterans being admitted for care in all treatment modalities, concerted efforts are being made to provide strong leadership in the clinical, administrative, research, and educational components of nursing practice. Academic preparation is a high priority of Nursing Service to assure quality programs for treatment and rehabilitation of aged ill, disabled and at risk veterans. While the demand for rehabilitation nurse specialists has been increasing, the supply has been diminishing over recent years, due primarily to reduction in nurse traineeship funds for graduate education in this specialty area. Recruitment of highly qualified professional nurses is an on-going priority. Seventy-six positions were funded in 1987 by the Clinical Nurse Specialist Program for masters level nursing students in either geriatric/gerontological, rehabilitation or psychiatric/mental health nursing.

Executive development of nurse leaders in long-term care is provided through preceptorship training for the position of Associate Chief or Supervisor, Nursing Home Care. Currently, 30 Supervisors of Nursing Home Care have been approved for the discretionary title of Associate Chief, Nursing Service for Nursing Home Care.

Nursing Service fully supports research related to all areas of nursing practice. The Gerontologic Nurse Fellowship Program, a long-standing Nursing Service initiative, was approved and implemented at VAMC, Hines, IL, in October 1985. This 2-year program is at the doctoral level of study and requires a research study related to aging. It is the first of its kind nationwide, and is in keeping with the Geriatric/Gerontological Advisory Group recommendation regarding the need for more research on aging by all professional services.

Nursing is making significant contributions in the areas of preventive care and health maintenance. Programs for the physically disabled and cognitively impaired have been established and are administered by nurses in home care, ambulatory care settings and in-patient units. Treatment programs are goal-directed toward physical and psychosocial reconditioning/retraining of patients with biological and psychosocial disturbances. Patient/family teaching is a major part of each program. Also, VA nurses are volunteering their services for health care planning for the elderly in the community-at-large through participation in self-help/support organizations related to specific diseases such as Alzheimer's, as advisors to local health planning councils, and through sharing of VA educational activities and research seminars with health care professionals.

IX. DIETETIC SERVICE

The nutritional care of the older veteran in all VA settings continues to be an area of interest and concern. Emphasis on establishing geriatric specialist positions continues and many such positions were established this past year. Of particular concern is the problem of recruiting adequately trained personnel in the area of geriatrics. The VA continues to be a leader in the training of health care professionals but dietitians have not yet been integrated into these planned training programs. The dietetic internships do include some rotations in the various geriatric programs such as the Geriatric Research, Education and Clinical Centers (GRECC's) and Interdisciplinary Team Training in Geriatrics (ITTG) but more emphasis was placed on geriatrics this past year and will continue.

Dietetic Service participated on the task force convened by the Office of Dentistry to address oral health care needs of the veteran patients in extended care facilities. Recommendations on the interdisciplinary approach to oral health care were published this past year. These guidelines in particular address the importance of integrating the nutritional requirements and level of masticatory function into the dental treatment planning.

It is recognized that the current indices available to assess the nutritional status of the elderly population are not adequate. The most recent panel convened to reestablish the Recommended Dietary Allowances for the United States population was not successful in this endeavor and, as a result, the panel did not publish any guidelines specific to this fast growing section of our clientele. Several VA dietitians have done research in this area and have published articles on the nutritional assessment and screening of the elderly.

Eating and swallowing are special problems of the elderly. In conjunction with the St. Louis RMEC, an education program focusing on swallowing problems and the development of Dysphasia Teams was conducted for several teams within the system. An eating performance evaluation was instituted as an assessment tool at one Geriatric Evaluation Unit. The interdisciplinary group formed a Geriatric Dining Committee which instituted seating arrangements more sensitive to eating problems and increased the use of adaptive feeding devices with the overall goal of improving the nutritional intake of their patients.

The Clinical Nutrition Advisory Group held a special clinical nutrition lecture this year in Central Office to create interest in the area of geriatric nutrition. The lecture was entitled, "Geriatric Nutrition: An Agenda for the Future."

Efforts to design food service facilities for Nursing Home Care Units continued to emphasize quality nutritional care. Adequate temperature, selection of foods, socialization and a pleasant environment were stressed as priorities during the planning phase of new construction and remodeling projects.

In conjunction with Mental Health and Behavioral Sciences Service, guidance on the development of a nutritional component in the psychiatric program with special emphasis on the aging veteran was published and distributed to all facilities this year.

X. VOLUNTARY SERVICE

A major challenge is being experienced by the Voluntary Service of the VA in its endeavor to recruit volunteers from rural and urban communities. The major objective is to improve the quality of life for the older veteran patients who need assistance in their home communities.

The VA's expanding programs seeking alternatives to hospital care are providing new opportunities to volunteers. Volunteers are utilized in hospital based home care, residential care, adult day care, nursing home care, and mobile outpatient units dispatched from medical centers.

Pilot programs using senior volunteers as an integral part of the GRECC Multidisciplinary Geriatric Treatment Team have been proven successful. This design is being followed in other VA medical facilities. In addition, VA Voluntary Service (VAVS) Programs have been initiated which allow the long term care patient the opportunity to contribute to the welfare of the community by supporting little league teams, sponsoring holiday parties for a children's home, planning Veterans Day Programs for local handicapped children, as well as, visiting and hosting local Senior Citizen Centers.

Intergenerational Programming has had a positive impact on veterans, VA staff, and volunteers. It has demonstrated that a commitment to serve the older can transcend the generation gap.

Cooperative efforts in conjunction with action's senior companion program and the Disabled American Veteran's (DAV) Older Assistance Program are indicative of the VAVS involvement in the development of appropriate alternatives to institutional care.

XI. Dentistry

Dentistry is an important component of any comprehensive health care program for the elderly. Freedom from pain is an important consideration at any age; and incidence of oral diseases, from dental caries to cancer, increases significantly with advancing years. Many older people lose a sufficient number of teeth to interfere with effective mastication. Nutritional deficiencies and gastrointestinal problems are a common result. Perhaps as important, the ability to enjoy a varied, interesting diet is compromised—a factor in quality of life. Similarly, the integrity of the dental complex plays a major role in facial appearance and in communicative skills; so important to self-image and societal function.

The VA is pledged to "provide elderly veterans with a range of medical and health services that are designed to restore and/or maintain optimal levels of health, foster independent living, and improve overall quality fo life." With this in mind, the VA Office of Dentistry is involved in a number of initiatives to cope with the dental health needs of the burgeoning numbers of older veterans.

The Dentist Geriatric Fellowship Program is now in its sixth year of operation. The first five dentists who entered the VA Dentist Geriatric Fellowship completed their 2-year program in June of 1984. Anticipating their graduation, a plan was implemented whereby interested VA health care facilities submitted proposals outlining intended use of such an uniquely trained individual.

Facilities with approved programs that successfully recruited a graduate received FTE and funding for their placement. All five of the initial class of fellows accepted appointments through this mechanism. Four of the five fellows who complted their program in June 1985, and all the fellows who completed the program in June 1986 are full-time or part-time VA staff. In 1987 the VA retained three of the five graduated fellows. The employing stations are: Boise, ID; Brockton/West Roxbury, MA; San Antonio, TX; Sepulveda, CA; Lexington, KY; Little Rock, AR; Portland, OR; Milwaukee, WI; Durham, NC; Minneapolis, MN; Boston/Bedford, MA; Gainesville, FL; Chicago (West Side), IL; Denver, CO; and Perry Point, MD.

Although their responsibilities vary, most of these newly placed geriatric dentists are developing clinical programs at several VA facilities within their medical district as well as establishing linkages with community and university endeavors. It is believed that the special effort to employ these individuals will allow evaluation of these geriatric dentistry programs and an opportunity to measure their contributions against the time and funding dedicated to the Fellowship Program itself. Early feedback is enthusiastic and positive.

Although there is a focus of interest directed at the Geriatric Fellowship Programs and the facilities that now employ dentists especially trained in geriatrics, other VA dental facilities are not without their concerns and programs for the aging veteran. VA dental personnel at all levels are aware of the rapid aging of the veteran population. They all treat elderly patients on a daily basis and most facilities now have at least one dentist who has attended a continuing education course in geriatric dentistry or a course in hospital dentistry that emphasized special care for the elderly.

An area of particular concern to the Dental Service is the oral health needs of veteran patients in VA extended care facilities. Often frail, and medically, mentally, or functionally compromised, these patients also have extensive oral health needs and present a significant challenge for the dental staff. The Office of Dentistry has convened a Task Force charged with developing approaches that will enhance oral health services to this group of patients. The Task Force's recommendations were reviewed by an interdisciplinary group and formulated into a recently published Program Guide: Oral Health Guidelines for Long Term Care Patients. The guidelines reflect the high priority the Assistant Chief Medical Directors for Clinical Affairs, Geriatrics and Extended Care, and Dentistry place on involving health care teams in the oral care of this population.

The Office of Dentistry has initiated a training program for auxiliaries to give them additional clinical responsibilities that should be particularly helpful to the geriatric population. Dental assistants trained in preventive dentistry functions and dental hygienists trained in more complex periodontal procedures allow Dental Services in selected facilities to provide broadened oral health services to the long-term care patient.

The VA's impact on geriatric dentistry is not limited to its own health care system but extends to the national scene as well. In education, the American Association of Dental Schools (AADS) has recently initiated a Geriatric Education Project. Its goal is to enhance the dental services available to older people in the United States by improving the teaching of geriatric dentistry in dental schools. Three of the nine members of the AADS Working Committee for this project are VA dentists.

In research, the VA has been involved in a collaborative project since 1984 with the National Institute on Aging (NIA) and the National Institute of Dental Research (NIDR). The project emerged from discussions among the Directors of the NIA and NIDR, Dr. Franklin Williams and Dr. Harold Loe, and the VA's Assistant Chief Medical Director for Dentistry, Dr. Robert R. Rhyne. They agreed to pursue a project that would produce three products: A research agenda for oral health and related problems in the elderly, a catalog of relevant resources and activities, and an implementation plan that would recommend cooperative efforts between the three agencies in response to high priority research questions. A core staff and a Project Advisory Panel representing the three organizations have been appointed. The project is now in its implementation phase. The research agenda and catalog of resources have been published and distributed. In addition, a request for applications (RFA) has been published announcing the availability of funding for research centers on oral health and aging. Applicants for designation as one of these research centers must show active collaboration between the VA medical center and the academic institution. These centers are intended to further interdisciplinary research on oral problems facing older people.

The Office of Dentistry is now in the analysis phase of a project to survey the oral health needs of patients in VA nursing homes. The results of the survey will be used to enhance oral health programs as well as to project present and future needs for manpower and other resources.

A national newsletter on geriatric dentistry, supported by the Office of Academic Affairs and the Office of Dentistry was initiated in 1987. This publication provides up-to-date information on dental needs and treatment strategies for the older veteran. It is received by a wide cross-section of health disciplines that are involved in the management of the oral health needs of this population.

XII. HEALTH SYSTEMS RESEARCH AND DEVELOPMENT

The Health Services Research and Development (HSR&d) Service supported many HSR&D activities related to aging: To clarify options, estimate costs (organizational, human, economic) and to provide information to make rationale choices among decision alternatives.

Each of the Service's three major program areas emphasized HSR&D in aging. The HSR&D Field Program, which implements the Service's mission nationwide and fosters integration of research with practice, continued to support locally initiated research projects related to aging. Locally initiated projects supported in 1987 addressed such areas as quality of hospital based home care and sexuality in Parkinson's disease.

The Northwest Field Program's System Wide Resource on Aging continued to provide technical guidance and leadership in this area. Through the Special Projects Program, the Service collaborated with the Northwest Region's System-Wide Resource on Aging to develop a book entitled "Health Care of the Elderly: An Information Source Book", edited by Marilyn Petersen and Diana White, with publication by Sage expected by mid-1988. Collaboration also continued with the VA's Office of Geriatrics and Extended Care to conduct the Congressionally mandated evaluation of the cost-effectiveness of adult day health care relative to nursing home care.

Approximately one-third of the Service's 1987 investigator-initiated research projects addressed issues of particular importance to our aging veterans. Projects originate from 21 different VA field locations. Research topics include: The use of community volunteers in the rehabilitation of older veterans, a nursing home geriatric remotivation program, cost-effectiveness of hospital based home care, an information synthesis of discharge planning with older veterans, geriatric record and multi-disciplinary planning systems, evaluation of independent living services of chronically ill elderly, and risk factors for length of hospitalization for elderly patients.

XIII. ACADEMIC AFFAIRS

All short and long range plans of the VA's Department of Medicine and Surgery that addressed health care needs of the Nation's growing population of elderly veterans include training activities supported by the Office of Academic Affairs (OAA). The training of health care professionals in the area of geriatrics/gerontology is a component of a variety of programs conducted at VA medical centers in collaboration with affiliated institutions. Work with geriatric patients is an integral part of the clinical experience of the nearly 100,000 health trainees including 25,000 resident physicians and 50,000 nursing and associated health students who train in VA medical centers each year as part of an affiliation agreement between the VA and nearly 1,000 health professional schools, colleges and university health science centers. Recognizing the challenges presented by the ever increasing size of the aging veteran population, the OAA has made great strides in promoting and coordinating interdisciplinary geriatric and gerontological programs in VA medical centers and in their affiliated academic institutions.

The Office of Academic Affairs, in the DM&S, supports geriatric education and training activities in the following special programs:

VA FELLOWSHIP PROGRAMS IN GERIATRICS FOR PHYSICIANS

The issue of whether or not geriatrics should be a separate medical specialty or a subspecialty has not been resolved, but the demand for physicians with special training in geriatrics and gerontology accelerates each year because of the rapidly advancing numbers of elderly veterans and aging Americans. The VA health care system offers clinical, rehabilitation, and follow-up patient care services, as well as education, research, and interdisciplinary programs that provide the support elements required for the training of physicians in geriatrics. This special training is being accomplished through the VA Fellowship Program in Geriatrics at VA medical centers affiliated with medical schools since 1978–79. The 12 initial training sites increased to 20 in 1986 after competitive reviews in 1984 and 1985. This program is designed to develop a cadre of physicians who are committed to clinical excellence and to becoming leaders of local and national geriatric medical programs. Their dedication to innovative and thorough geriatric patient care is expected to produce role models for medical students and for residents. The 2-year fellowship curriculum incorporates clinical, pharmacological, psychosocial, education, and research components related to the full continuum of treatment and health care of the elderly.

During the 9-year history, the program has attracted physicians with high quality academic and professional backgrounds in internal medicine, psychiatry, neurology and family practice. Their genuine interest in the well-being of elderly veterans is apparent from high VA retention rate after completing 2 years of fellowship training. Many of the Fellows have published articles on geriatric topics in nationally recognized professional journals, and several Fellows have authored or edited books on geriatric medicine and medical ethics. The number of recipients of important awards and research grants increases each year.

As of June 1987, 151 Fellows had completed the program in eight successive groups: 1980—8; 1981—12; 1982—16; 1983—19; 1984—23; 1985—22; 1986—27; and 1987—23. About 90 percent of the Fellowship graduates continue to practice geriatric medicine. About 50 percent remain in the VA system as full or part-time employees. Close to 50 percent of all graduates hold academic appointments. The demand for physicians with special training in geriatrics increases each year, as evidenced by the escalating number of multiple job offers received by the Fellows from VA medical centers, private corporations, and medical schools.

DENTIST GERIATRIC FELLOWSHIP PROGRAM

In July 1982, 2-year Dentise Geriatric Fellowship Programs commenced at five medical centers affiliated with schools of Dentistry. The goals of this program are similar to those described for the Physician Fellowship Program in Geriatrics. As of June 1987, 20 Dentist Fellows had completed the program, and groups of five dentists per year are expected to graduate in the foreseeable future. The VA has offered post fellowship employment to all graduates, and nearly 90 percent have been retained in the system. The alumni of the Dentist Geriatric Fellowship Program serve in academically oriented positions mainly in VA district offices. Through the teaching and research of these academic dentists, the program has the capability of influencing geriatric dental health care far beyond the confines of the VA medical/dental system.

INTERDISCIPLINARY TEAM TRAINING IN GERIATRICS

Interdisciplinary Team Training in Geriatrics (ITTG) is a systematic educational program designed to include didactic and clinical instruction for VA faculty practitioners and affiliated students from three or more health professions such as physicians, nurses, psychologists, social workers, physical and occupational therapists. The ITTG provides a structured approach to the delivery of health services by emphasizing the knowledge and skills needed to work in an interactive group. In addition, the program promotes an understanding of the roles and functions of other members of the team and how their collaborative contributions influenced both the delivery and outcome of patient care.

The ITTG Program has been activated at 12 VA medical centers. Two sites, located at VA Medical Centers (VAMC's) Portland, OR, and Sepulveda, CA were designated in 1979. Three additional VA sites at Little Rock, AR; Palo Alto, CA; and Salt Lake City, UT, were selected in 1980; and VAMCs Buffalo, NY; Madison, WI; Coatesville, PA; and Birmingham, AL, were approved in 1982. In the spring of 1983, three sites were selected at VAMC's Tucson, AZ; Memphis, TN; and Tampa, FL.

The purposes of the ITTG program are to develop a cadre of health practitioners with the knowledge and competencies required to provide interdisciplinary team care to meet the wide spectrum of health care and service needs of the aged veteran; to provide leadership in interdisciplinary team delivery and training to other VA medical centers; and to provide role models for affiliated students in medical and associated health disciplines. Training includes the teaching of staff and students about the aging process; instruction in team teaching and group process skills for clinical core staff; and clinical experiences in team care for affiliated education students with the core team serving as role models. During fiscal year 1987, 194 students were provided funding support at the 12 model ITTG sites.

CLINICAL NURSE SPECIALIST

Clinical nurse training is another facet of VA education programming in geriatrics. The need for specially trained graduate level clinical nurse specialists is evidenced by the sophisticated level of care needed by the VA patient population, specifically in the area of geriatrics. Advanced nurse training is a high priority within the VA because of the shortage of such nursing specialists who are capable of assuming positions in specialized care and leadership.

The Clinical Nurse Specialist Program was established in 1981 to attract clinical specialist students to the VA and to help meet requirement needs in the VA priority areas of geriatrics, rehabilitation, psychiatric/mental health, all of which impact on the care of the elderly veteran. Direct funding support is provided to master's level nurse specialist students for their clinical practicum at the VA medical centers affiliated with the academic institutions in which they are enrolled. In fiscal year 1987, 76 master's level clinical nurse specialist student positions were supported at 29 VA medical centers; 29 in geriatrics; 5 in rehabilitation; and 42 in psychiatric mental/health.

VA GERONTOLOGIC NURSE FELLOWSHIP PROGRAM

Between 1981-87, the Gerontologic Nurse Fellowship Program was planned, developed, and initiated. The program is designed to prepare expert geriatric nurse practitioners, educators, administrators, and researchers for leadership positions in long term care for the aging veteran population. The program is a 2-year fellowship for graduate nursing students enrolled in qualified doctoral level nursing programs. VAMC Hines, IL, was selected as the first program site. A fellow is expected to begin October 1988. There are plans to refine and expand this program for fiscal year 1990-91.

It is expected that one student will be appointed at VAMC Hines at the beginning of each fiscal year for a period of 1 year. A reappointment for 1 additional year is possible, if the first year's performance evaluation is satisfactory. It is anticipated that at least half of the participants who complete this VA Fellowship will be recruited within the VA system.

EXPANSION FOR ASSOCIATED HEALTH IN GERIATRICS

A special priority for geriatric education and training is recognized in the allocation of associated health training positions and funding support to VA medical centers hosting Geriatric Research, Education, and Clinical Centers (GRECC's), and to VA Medical Centers (non-ITTG/GRECC sites) that offer specific educational and clinical programs for the care of older veterans. In fiscal year 1987, a total of 135 associated health students received funding support at 59 VA facilities in the following disciplines: Social Work; Psychology; Optometry; Audiology/Speech Pathology; Clinical Pharmacy; Clinical Nurse Specialist; Occupational Therapy; and Podiatry.

EXPANSION FOR MEDICAL AND DENTAL RESIDENTS IN GERIATRICS

In order to expand the involvement of medical and dental residents in the care of older veterans, a specially funded program for geriatric education and training was initiated in fiscal year 1983. This program provides residency positions and funds to VA medical centers hosting Geriatric Research, Education and Clinical Centers (GRECC's) and to VA medical centers that provide specific clinical programs and training experiences for the care of geriatric patients.

In fiscal year 1978–88, 120 medical and dental positions were approved at about 60 VA facilities. The primary purpose of the program is to provide education and training for residents in the assessment, treatment and rehabilitation of the older veteran.

CONTINUING EDUCATION

In support of the VA's mission to provide health care to the aging veteran population, education and training continue to be offered to enhance VA medical center staff skills in the area of geriatrics. These educational activities are designed to respond to the needs of VA health care personnel throughout the entire Department of Medicine and Surgery. Annually, PIT (Postgraduate and In-Service Training) funds are distributed to two levels of the organization for support of continuing education activities in priority areas.

First. Program 870 (Core PIT) funds are provided to each of the VA medical centers to meet the continuing education needs of its employees. Approximately $125,000 of facility-oriented moneys supported training activities in geriatrics during fiscal year 1987. VACO also allocates funds for VAMC-Initiated programs to allow health care faciliteis, with assistance from a RMEC (Regional Medical Education Center), to conduct education programs within the hospital to meet locally identified training needs. Approximately $25,000 of VAMC Initiated funds were used to support 40 separate activities.

Second. Continuing Education Field Units (CEFU's), which include seven Regional Medical Education Centers (RMEC's), eight Cooperative Health Education Programs (CHEP's), two Dental Education Centers (DEC's), and the Continuing Education Center (CED) meet education needs by conducting programs at the regional and local medical center level. Examples of recent programs are:

—Sensitizing Staff to the Needs of Older Patients
—Therapeutic Recreation for the Elderly
—The Effects of DRGs on Geriatric Patients
—Nutrition and Aging
—Psychosocial Needs of the Elderly
—Holistic Perspectives on Aging
—Attitudes and Behaviors Toward the Elderly
—Substance Abuse in the Elderly
—Older Adult in the Acute Care Setting

RMEC programs are also conducted in cooperation with the Geriatric Research, Education, and Clinical Centers (GRECC's) which received $158,000 in (PIT) funds to support their identified needs. This collaborative effort ensures the efficient use of existing resources to meet the increasing demands for training in geriatrics/gerontology. For example, the GRECC's have met some of the training needs identified by RMEC's and RMEC's have utilized GRECC staff as faculty for their programs.

During fiscal year 1987, the Continuing Education Field Units conducted 200 education activities in the area of geriatrics which were attended by approximately 8,000 VA participants and 2,000 non-VA participants.

HEALTH PROFESSIONAL SCHOLARSHIP PROGRAM

The purpose of the Scholarship Program is to assist in providing an adequate supply of nurses and other Title 38 health care professionals for VA and the Nation. Current scholarship students are in accredited baccalaureate nursing degree programs or master's nursing degree programs in specialties needed by the VA. There were 112 awards made for students in master's degree programs from 1982 through 1985; 21 percent (N–23) were in geriatric/gerontology nursing programs. Recipients are obligated to serve a minimum of 2 years as registered nurses in VA medical centers. Five recipients currently remain in service obligation and 15 of the 17 recipients who have completed obligated service remain employed with the VA.

LEARNING RESOURCES

The widespread education and training activities in geriatrics have generated a broad spectrum of requirements for learning resources throughout the VA system. Local Library Services performed hundreds of on-line searches on data bases such as AGELINE (available through Bibliographic Retrieval Services), and continue to add books, journals, and audiovisuals (AV's) on topics related to geriatrics and aging.

Multiple copies of 2 AV programs were made available nationwide for VA staff use through the VA Software Delivery System. The VACO Library continues to expand its collection of books, AV's, and journals concerning aging and geriatrics.

XIV. DEPARTMENT OF VETERANS BENEFITS

COMPENSATION AND PENSION PROGRAMS

Disability and survivor benefits such as pension, compensation, and dependency and indemnity compensation administered by the Department of Veterans Benefits provide all, or part, of the income for 1,757,705 persons age 65 or older. This total includes 1,170,948 veterans, 541,788 surviving spouses, 38,293 mothers, and 6,676 fathers.

The Veterans' and Survivors' Pension Improvement Act of 1978, effective January 1, 1979, provided for a restructured pension program. Under this program, eligible veterans receive a level of support meeting the national standard of need. Pensioners generally receive benefits equal to the difference between their annual income from other sources and the appropriate income standard.

This Act provides for a $1,347 increase in the applicable income standard for veterans of World War I or the Mexican border period. This provision was in acknowledgement of the special needs of our older veterans. Pensioners receiving benefits under the prior program were provided the opportunity to elect to receive benefits under the new program.

VETERANS ASSISTANCE SERVICE

Veterans Service Division personnel maintain liaison with nursing homes, senior citizen homes, and senior citizen centers in regional office areas. Locations are visited as the need arises. Appropriate pamphlets and application forms are provided to personnel at these homes during visits and frequent use of regular mailings. State and Area Agencies on Aging (AAA) have been identified and are provided information on VA benefits and services through workshops and training sessions.

The Veterans Assistance Services exhibit, "Veterans Benefits for Older Americans," highlights, by pictures and accompanying text, the various benefits explained in the pamphlet of the same title (VA Pamphlet 27-80-2). The exhibit, designed to convey the Veterans Administration's concern with the aging veteran populations, has been displayed extensively at meetings addressing problems of aging. The pamphlet was given wide distribution at the President's Committee on Employment of the Handicapped and the National Council on Aging conferences, and by information and referral representatives at field stations.

With the cooperation of a major veterans' service organization, Veterans Assistance Service continues a program of providing World War I veterans and surviving spouses with information and claims processing assistance on existing VA benefits and services. Every veteran or widow/widower responding to a notice in the organization's publication is contacted for the purpose of reviewing present entitlement to new or increased benefits.

An outreach program of service to homeless veterans, to include those who are elderly and ill, has been initiated by DVB in cooperation with DM&S Social Work Service (SWS) and Vet Center Team Leaders.

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